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A COURSE OF LECTURES ON SYPHILIS.

DELIVERED AT THE SCHOOL OF MEDICINE, GROSVENOR-PLACE, ST. GEORGE'S HOSPITAL, SESSION 1841-42.

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Lecture IX.

The source and mode of nutrition of the fœtus in utero; their bearing upon the question of the transference of the syphilitic poison from the parent to the offspring. The nutrition of the embryo for the first three months. The vesicula umbilicalis; the allantois; the amnion. The nutrition of the fœtus for the last six months. The placenta. The vessels containing the fœtal blood and the maternal blood in contact, but not communicating; the nutrition effected through the coats of the containing vessels. Rhubarb administered to the mother previous to childbirth, detected by Dr. Granville in the blood and urine of the offspring. Mr. Dalrymple's explanation of the fœtal canals of the placenta. Weber's description of the maternal canals. The vagina; its situation, connections, and coats; concealed syphilitic ulcers within it; the advantage of the speculum vaginæ in such cases; liability to discharges from simple and specific irritation. The external genitals of the female: the clitoris; the mons veneris; the labia externa; the nymphæ; the vestibulum; the meatus urinarius; the hymen; the caruncula myrtiformes; the fossa navicularis. The female bladder and urethra.

Gentlemen,—In the present lecture I propose to conclude the anatomical and physiological details which I deemed it advisable to lay before you previous to entering upon the diseased condition of the organs, which are ordinarily the principal seat of the primary syphilitic affections, and whose functions are more or less disturbed thereby.

The subject with which we were engaged at the conclusion of our last meeting was the growth of the ovum and the nourishment of the embryo in utero, as bearing upon the question of the transference of the syphilitic poison from the parent to the offspring. In further treating this interesting part of our subject, I shall avoid as much as possible going into any anatomical or physiological considerations but those immediately belonging to the matter in hand, viz., the source and mode of nutrition of the fœtus in utero. It will not be necessary for our purpose to follow the development of the germ from week to week, or from month to month, a study of extreme interest in itself, but as the embryo is nourished during its uterine life by two sets of organs appropriated to different periods of its existence, I shall at once proceed to direct your attention to them.

The first consists of the vesicula umbilicalis, a structure analogous to the yolk-bag of the bird, upon which the nutrition of the germ appears principally to depend for the first two or three months of its existence, and which, as a temporary provision for this purpose, is to disappear as soon as the structure, which is to succeed it in this important function, is formed. With the vesicula umbilicalis we must associate the allantois; another temporary structure coexisting with it, but whose function in the human subject is less understood.

The organ which is provided for the nourishment of the fœtus for the last six months of its uterine residence is termed the placenta.

We shall first consider, then, the nourishment of the embryo for the first three months of its existence, and the anatomy of the parts concerned in carrying on this important function for that period. In the ovum of three weeks, I have already stated that the fœtus and its immediate envelope, the amnion, could be detected within the chorion; that the vesicula umbilicalis and allantois could also be distinguished (vide Fig. 24); that although ova of an earlier

date had been examined, but little satisfactory information had been gained thereby. Allow me here to remind you, that when the ovum first entered the uterus, which it did probably between the first and second week after conception, it could not have been larger than a pin's-head, on account of the small size of the Fallopian tube through which it had to pass, and that no appearance of the embryo or of the amnion could be seen before at least a week's residence of the ovum in the uterus. It should not, then, be overlooked, that the ovum had retained its vitality and increased in growth previous to the period at which the germ could be recognised, and that having as yet been unattached either to the Fallopian tube or the uterus, that it must have possessed a life-principle independent of the parent, although like the parent requiring nutritive materials which it possessed the power of appropriating either for its growth or for the continuance of its life. This separate life-principle it doubtless retains during the entire period of its uterine existence, but it is material for us to notice that its nourishment throughout is derived from the parent. The minute ovum while in the Fallopian tube is surrounded by the animal secretions of that canal; when it enters the uterus it is imbedded in a nutritious animal secretion, of which the deciduous membrane is formed, so that even before the appearance of the little vascular tufts of the chorion there is no difficulty in understanding that by the laws of endosmosis and exosmosis, an interchange of the fluids of the ovum, and of those of the organs of the parent in which it is contained, must of necessity take

Fig. 25.

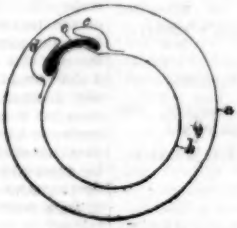


Fig. 26.

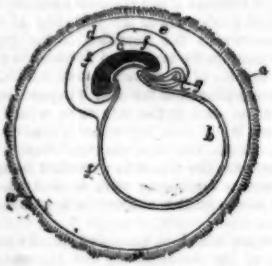


Fig. 27.

Figs. 25, 26, 27, represent sections of human ova at an early date, and in different stages of development, explaining the anatomy of the vesicula umbilicalis, of the allantois, and of the amnion (from Wagner).

a The chorion.
- a^1 Denuded of villi.
- a^2 Covered with villi.

b Vesicula umbilicalis.
c Embryo.
d and *e* The lamina serosa, which Wagner describes as coming in contact with the chorion.
f Amnion.
g Allantois and its blood-vessels.
h Lamina serosa in contact with the chorion.
k k Part of the chorion where the vascular tufts congregate, and where the placenta is to be formed.

place. To pursue this subject further, it will be necessary for me to say a few words on the formation of the vesicula umbilicalis, the allantois, and the amnion. The Figs. 25, 26, 27, taken from Wagner, will aid us much in this inquiry. The vesicula umbilicalis, to begin with, constitutes a principal part of the original ovum, as formed in the ovarium, viz., the vitellus, or yolk *f* (Fig. 19), shown you in a former lecture; this structure existed, therefore, not only previous to the formation of the embryo, but even before impregnation had taken place. The germ is, in fact, first distinguished as an opake spot upon the vitellus, afterwards to become the vesicula umbilicalis, but as the embryo increases the vitellus diminishes in size, and at last disappears. As soon as the intestine can be detected the vesicula umbilicalis, *b* (Figs. 25, 26, 27), is found to open into it at first by a wide and short communication, but which is afterwards elongated into a tube, the ductus omphalo entericus (vide Fig. 28); upon this tube an artery and vein may be traced, the omphalo mesenteric vessels, whose branches ramify on the vesicula umbilicalis, while their trunks join the mesenteric vessels of the fœtus. The omphalo enteric duct with the blood-vessels accompanying it at the second month after conception, will be found as constituents of the umbilical cord, and the vesicula umbilicalis will be seen situated between the chorion and amnion, (No. 10, Fig. 28); but after this period they gradually become less evident, the omphalo mesenteric duct ceases to be pervious, the vesicula umbilicalis becomes shrunk and collapsed, and the vessels which accompanied them disappear, so that after the third month their remains can scarcely be detected. In the diagrams showing these parts at successive dates, the changes which they undergo, and the appearance they present at various periods, may be readily followed.

The allantois in birds and some mammalia is a very important structure, and gains a considerable amplitude; it appears to take the place of the placenta, receiving the ramifications of the umbilical arteries and veins, and persists during the full period of utero-gestation; it communicates by a duct, the urachus, either with the cloaca or with the urinary bladder. In the human subject the allantois (*g*, Figs. 26, 27; No. 8, Fig. 28), appears to be a rudimentary structure, answering, perhaps, a temporary purpose, but never arriving at its full development: it may be observed in an ovum between the third and tenth week, but not at a later date. Its duct, however, the urachus, which was at one time a tube communicating with the bladder, remains throughout life in the form of an impervious cord, extending from the apex of the bladder to the umbilicus. At the earliest date at which the allantois can be recognised in the human ovum it presents itself as a small vesicle, projecting from the open abdominal cavity of the embryo, together with the vesicula umbilicalis below which it is situated, and is found to communicate by a constricted part with the rudimentary bladder; at a later date it may be observed to extend from the abdomen of the embryo to the chorion, while its elongated and contracted duct, the urachus, can be traced to join the apex of the bladder. Blood-vessels may be seen proceeding from the umbilicus of the fœtus upon the allantois (No. 8, Fig. 28), by which they are conducted to the chorion: these blood-vessels will afterwards prove to be the umbilical arteries and veins, by the ramifications of which the placenta is to be formed, and the fœtus to be nourished for the last six months of its uterine existence.

The amnion after the first month or six weeks appears as the innermost covering of the ovum, being in contact with the inner surface of the chorion, thus holding the same relation to it as the vitellus did originally; it contains a transparent fluid, the liquor amnii, in which the fœtus floats, or is, as it were, suspended by the umbilical cord: this fluid at the full period of pregnancy amounts to several quarts. But I must proceed to explain its position and arrangement previous to the period above alluded to. The amnion is not formed till after the ovum has entered the uterus, nor does it appear till the germ itself can be distinctly traced. It is first observed as a delicate membrane proceeding from the tegumentary margin of the open abdomen of the embryo, from whence it is said to be reflected over the caudal and cranial extremities of the embryo to meet on its dorsal aspect, and to there coalesce, so as to form a complete envelope to the fœtus; but I must refer to the diagrams, where, by looking to *f*, *d*, *e*, (Figs. 25, 26, 27), the supposed mode of formation of this membrane will be understood. As the abdominal parietes become more and more developed, so as at last to leave in front only a small opening through which the umbilical cord passes, the amnion must of necessity follow the integument, and is brought in contact with the cord, upon which, as seen in Fig. 28, it is reflected, and is ultimately conducted by the cord to the placenta. The formation and connections of the vesicula umbilicalis, the allantois, and the amnion, are somewhat differently described by the late Mr. John Miller, mechanic, in THE LANCET for Nov. 18th, 1837, and it must be confessed that our knowledge of these structures is still very imperfect.

Such, then, are the organs supposed to be connected with the nutrition of the germ previous to the formation of the placenta; and in the present state of our knowledge it is difficult to say what part should be assigned to each: the contents of the vesicula umbilicalis is generally admitted to contribute most to the accomplishment of this important function.

Fig. 28.

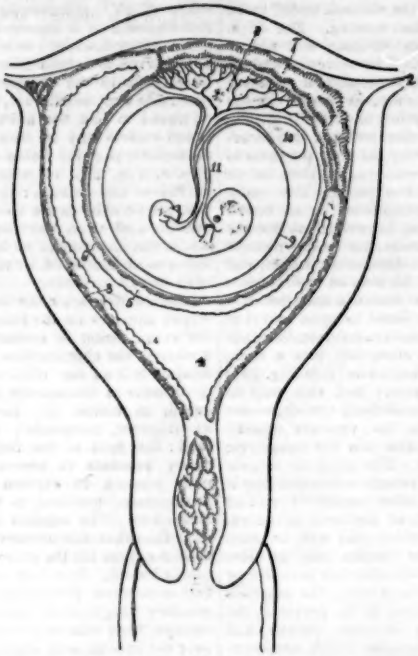


Fig. 28 represents a perpendicular section of the uterus, with a fully-formed ovum in situ (from Wagner).

1. A gelatinous mass closing the cervix uteri.
2. Ostium uterinum of the Fallopian tube of one side.
3. Decidua vera.
4. Cavity of the uterus nearly filled by the ovum.
5. Decidua reflexa.
6. Chorion.
7. Decidua scrotina.
8. Allantois.
9. Amnion.
10. Umbilical vesical.
11. Umbilical cord.

The source of nutriment to the fœtus, however, for the latter months of pregnancy is better understood, and bears more upon the interesting question of the transference of the poison of syphilis previous to birth from the blood of the mother to that of the fœtus. I have already stated that the placenta is the organ by which the interchange of elements between the vital currents of the parent and of the offspring is effected: I must, therefore, explain to you as briefly as possible what we know of the anatomy of this organ. The placenta, as we usually see it after its expulsion from the uterus at the full period of pregnancy, is a circular, fleshy-looking mass, of about a pound in weight; it measures about one inch in thickness, and six or seven in diameter: of the two surfaces which it presents, one is directed towards the fœtus termed fœtal, this is covered by the chorion and amnion, and to it the umbilical cord is attached; the other is called the maternal surface, and is in contact with the deciduous membrane of the uterus.

This organ receives both the blood of the mother and of the fœtus, but not into the same set of vessels or containing parts. The blood of the fœtus is conveyed to and from the placenta by the ramifications of the umbilical arteries and veins. The blood of the mother is conveyed to and from the placenta by the decidual arteries and veins, and no communications take place between the one set of containing parts and the other. The containing parts, however, of which the placenta is entirely formed, are in close contact; and the required changes, doubtless, take place through their parietes, as is the case

after birth between the air and blood of the lungs, each in their appropriate compartments. In the placenta not only is the blood fitted for the purposes of life as effected in the lungs after birth, but new materials, we suppose, are here added for growth and nutrition, and probably effete matters are eliminated; thus the placenta appears to be a substitute not only for the lungs, but also for numerous organs concerned in the process of digestion and excretion, and which, like the lungs, have hitherto remained inert. I think, then, you will admit that it is abundantly evident that whatever contaminates the blood of the parent may readily influence that of the fœtus, through the medium of this organ, the placenta. But experiment seems to place this beyond the possibility of doubt. Magendie introduced camphor into the veins of a pregnant bitch, and in a quarter of an hour the blood of the fœtus was found to possess the peculiar odour of that substance. When madder was mixed with the food of animals for a few days previous to parturition, Dr. Mussy found that the urine and serum of the blood, and even the bones of the offspring, were tinged with this colouring matter; and, lastly, in the human subject Dr. Granville has ascertained that if from ten to fifteen grains of rhubarb be administered as an aperient to a patient daily for about a week previous to childbirth, that the liquor amnii and the blood from the divided vessels of the cord, as well as the first urine of the child, present unequivocal evidence of containing rhubarb.

With respect to the arrangement of the channels containing the blood of the fœtus and the blood of the mother in the placenta, I have as yet only spoken generally: I will now, as shortly as possible, lay before you the most approved information on this subject, without entering into the several opinions that have been at various times entertained by different physiologists on the subject. Mr. Dalrymple has lately read a paper at the Medico-Chirurgical Society which will shortly appear in print. In this paper he has left nothing to be desired with respect to the disposition of the fœtal vessels of the placenta; his views, which coincide pretty exactly with those of Weber, will be readily understood from the accompanying concise notes with which he was kind enough to favour me, together with a sketch made by himself from nature (Fig. 29).

"The tufts of the placenta are composed of an aggregation of villi, formed by a prolongation of the chorion; each villus contains a branch of the umbilical arteries, terminating in a branch of the umbilical veins."

"These vessels are capillaries of the most convoluted character, and are faithfully represented by Weber in Wagner's Icones."

"The chorion investing these vessels is studded with nucleated corpuscules."

Fig. 29.

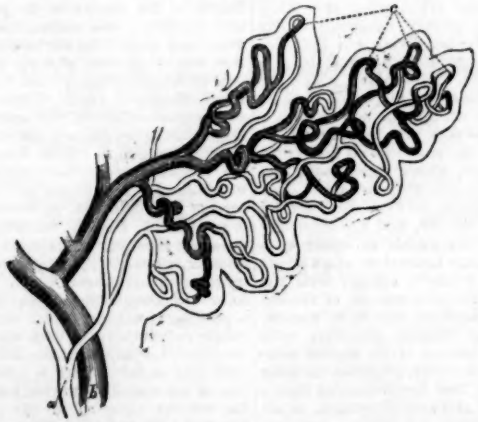


Fig. 29 shows the disposition of the peripheral branches of the umbilical arteries and veins in the placenta (taken from a drawing by Mr. Dalrymple).

a A branch of umbilical artery.

b A branch of umbilical vein.

c Capillary vessels inclosed within the villi of the exo-chorion.

It may be as well to state that the specimen from which the drawing was taken has been subjected to moderate pressure, and thus the capillary vessels have been separated, and their extreme convolutions somewhat unravelled.

"The villi are not connected by intercellular tissue, but are supported by fibrous bands or septa, here and there, which pass obliquely from the fœtal or chorion surface, towards the maternal or decidual."

The trunks of these vessels, containing the fœtal blood, pass, as the principal constituents of the umbilical cord, from the placenta to the umbilicus of the fœtus. The main arteries, two in number, will be found to be branches of the common iliac arteries, which convey two streams of blood from the fœtus to the placenta. The vein, which is single, and conducts the blood back from the placenta to the fœtus, empties it partly through the vessels of the liver, and partly in a direct way into the cava inferior of the fœtus.

The arrangement of the channels in the placenta for containing the maternal blood, has not been so satisfactorily made out. I have been fortunate enough to obtain three opportunities of injecting the uterine vessels while the placenta remained attached to that organ. In each of these instances, as you may observe in the preparations before us, the injection has permeated pretty uniformly the entire mass of the placenta; and I am disposed, from their examination, to adopt Weber's description as the nearest approximation to the true arrangement of these channels with which I am acquainted. In Wagner's Physiology, translated by Dr. Willis, in a note, Weber is quoted as saying: —"I believe I have demonstrated that the uterine arteries and veins, when once they have entered the spongy substance of the placenta do not farther divide into branches and twigs, but immediately terminate in a network of vessels, the canals of which are of far too large diameter to permit them to be spoken of as capillaries, and of which the parietes are so thin that they cannot be shown apart by the most careful dissection. This vascular rete, which connects the uterine veins and arteries with each other, completely fills the spaces between the branched divisions of the chorion, and the extremely thin parietes of the canals of which it is composed, insinuate themselves at all points into the most intimate contact with the branches and convoluted masses of the capillaries of the umbilical system of vessels. This network of vessels, however, with reference to the passage of the uterine arteries into the uterine veins, performs the same office as a rete of true capillaries, so that it may be regarded as a rete of colossal capillaries."

I now proceed to the consideration of the remaining parts of the female organs, viz., the vagina and the external genitals. These are the structures in the female usually affected with the primary ulcers of syphilis and with the poison of gonorrhœa. The vagina (No. 4, Fig. 21, and No. 5, Fig. 22,) is the canal which receives the intromittent organ of the male, and which, at the full period of utero-gestation, is to allow of the passage of the fœtus. It must, therefore, be organised to permit of considerable alteration in capacity. This is not accomplished by the same organisation as in the uterus. We find, indeed, but a very slight development of muscular fibre entering into the composition of the vagina, and it possesses accordingly scarcely any expulsive power. It is, however, capable of adapting itself to its varied circumstances with respect to capacity I believe, through the aid of muscular fibres, although this is not generally admitted.

It has been already stated, in describing the uterus, that the orifice of this organ opens into the vagina. This latter tube, in fact, commences around the neck of the uterus (vide Fig. 22), the wall of the one organ being intimately blended with that of the other. The vagina extends from the neck of the uterus to the external genitals, which are situated around the orifice by which this canal terminates anteriorly. It is situated in the cavity of the pelvis, between the bladder (No. 3) and rectum (No. 4, Fig. 21), and is crossed at its posterior extremity by the ureter (No. 9), which tube lies on the lateral wall of the vagina in its progress to the bladder. The vagina, thus situated, forms a slight curve, the concavity of which is directed upwards and forwards towards the bladder. Its axis corresponds pretty nearly to that of the pelvis. The average length of the vagina in its ordinary state is about four or five inches, and its diameter about one inch. In the median line of its floor and of its roof, passing longitudinally, will be found a raphe, from which proceed some transverse rugæ. These are evident provisions to admit of the extension of this organ during pregnancy, and more especially during parturition. The lower surface of the vagina measures in length about an inch more than the upper, and it is here covered, for the last half-inch, by the fold of peritoneum No. 7, Fig. 21, while the fold No. 8 does not come in contact with its upper or anterior surface. The vagina is composed of an external and internal tunic. The latter is formed of mucous membrane; the former is a peculiar structure, being composed of an elastic cellular texture, with which is blended erectile tissue and muscular fibre. The mucous coat of the vagina is continuous with that of the uterus, on the one hand, and with the mucous covering of the nymphæ and external labia, on the other. It follows the irregularities of the interior of the vagina formed by the raphæ and rugæ already described.

The external wall of the vagina is from a line to two lines in thickness. Its structure may be termed musculo-cellular, but with which erectile tissue is blended. Immediately subjacent to the mucous membrane will

be found a texture much resembling the dartos, which some physiologists do not admit to be muscular, although they attribute a vital contractile property to it. In a former lecture I have stated, in speaking of the dartos muscle, that I consider its tissue to be composed partly, at least, of muscular fibre. Around the orifice of the vagina a distinct circular arrangement of muscular fibres is recognised by all: it is named the sphincter vaginæ. This muscle is attached below to the point of union of the sphincter ani and transversales perinei muscles, and, having surrounded the orifice of the vagina, is connected above to the corpora cavernosa of the clitoris. The muscle lies under the mucous membrane immediately internal to the nymphæ. The erectile tissue of the vagina, if it deserves this appellation, is composed of an intricate network of artery and vein, which will be found most developed near the outlet of the canal, and to diminish gradually in quantity as it is examined nearer to the uterus. The urethra is closely connected in the median line above with the last inch of the vagina, and its orifice is included within the grasp of the sphincter vaginæ.

A venereal ulcer is often situated deeply in the vagina, and even on the os uteri itself, and cannot, therefore, be detected by an ordinary examination. These concealed ulcers will account for some of the anomalous cases in which the secondary symptoms of syphilis have made their appearance, without being preceded by any observed primary affection, and should make us cautious in admitting that gonorrhœa alone may be followed by the contamination of the system generally with the syphilitic poison, as evidenced by ulcers in the throat, eruptions on the skin, &c. The practical inference is, that examination of this passage by the speculum vaginæ should be had recourse to more frequently, and indeed always in doubtful or suspicious cases. By the means of this instrument the entire passage and the os uteri itself can be subjected, without difficulty, to direct ocular inspection.

When we consider the extensive mucous surface presented by the lining membrane of the vagina, and bear in mind, also, the habits of mucous membranes in health and disease; the nature and quantity of their ordinary secretions; how readily these become increased in quantity or altered in quality from the slightest inflammatory attack, as instanced by the mucous lining of the nostrils and bronchial tubes, we shall no longer be surprised to find how frequently the vaginal secretions become altered in their character without the presence of any specific exciting cause, constituting the very numerous cases of discharges of various kinds ranged under the name of leucorrhœa, to which females are so frequently liable. It will also be readily understood that the gonorrhœal matter, when transferred from the male to the female, could not fail of coming in contact with the vagina, and would be soon communicated from thence to the female urethra, as the mucous lining of the two canals are continuous. In the non-contagious vaginal discharges, the urethra, in all probability, will be found not to partake of the morbid action. And this circumstance may aid us in distinguishing the specific, or gonorrhœal, from other vaginal discharges.

The vagina receives its supply of arterial blood from an artery, termed vaginal, derived from the internal iliac or some of its branches. The returning veins form a plexus (vaginal), which, like the uterine and vesical plexus, empties itself into the internal iliac vein. The lymphatics from the vagina for the most part terminate in the internal iliac glands; but a few from the orifice of this canal may join those of the external genitals, and pass to the glands of the groin. The vagina is supplied with nerve both from the sympathetic and spinal system; from the utero-vaginal plexus of the former, and from the anterior sacral nerves, especially the third, of the latter.

The external genitals of the female offer many irregularities of surface, in which the poisonous matter of syphilis might lodge; and there are many different tissues entering into their composition—skin, mucous membrane, cellular and adipose texture, muscular fibre, and erectile tissue. Many names are applied to these different structures which it is absolutely necessary you should understand, before I detail any local venereal symptoms affecting them; otherwise any description of such cases would be unintelligible to you.

The external genitals of the female consist of the mons veneris; the labia majora, or externa; the labia minora, or interna, which are also called the nymphæ; the hymen, and the clitoris. The meatus urinarius and the urethra of the urinary organs are also associated with them, although less connected with the generative apparatus than in the male.

I shall first describe the clitoris, which is analogous in structure to the penis of the male, and has somewhat similar connections. This organ is composed of erectile tissue, contained in fibrous sheaths. Its form resembles pretty precisely, though on a diminutive scale, that of the corpora cavernosa of the penis, as you may see from this preparation, where the erectile tissue of the clitoris has been distended by the common wax injection. You will also be enabled to judge of its comparative size with the penis from this specimen, and also of some points of difference with respect to form. You will perceive that it has no part corresponding with the corpus spongiosum of the penis, and that the urethra is entirely separated

Fig. 30.

Fig. 30. Two views of the clitoris, taken from an injected preparation.

1. Crura clitoridis.
2. Corpora cavernosa
3. Vena dorsalis.
4. Glans seen in profile.

from it. The crura of the clitoris (No. 1, Fig. 30), you will observe, are rather more than an inch in length, and widely separated from each other, as they are connected with the rami of the pubes and ischiæ. They are not more than two lines, or at most two lines and a half, in diameter, but are surrounded by large muscles (erectores clitoridis) having the same attachments as the erectores penis of the male. The crura of the clitoris unite in front of the arch of the pubes to form the corpora cavernosa of the organ (No. 2, Fig. 30, which are about an inch in length, and three lines in diameter). These, as in the penis, are separated by an imperfect or pectiniform septum; they terminate anteriorly by a pointed curved extremity, which alone is visible externally, and is termed the glans clitoridis (No. 4, Fig. 30, seen in profile; No. 4, Fig. 31, seen in front). The structure of the erectile tissue of the clitoris, the arrangement of its blood-vessels, lymphatics, and nerves, are so similar to those of the penis, that a separate description of them will not be required. Connected with the base of the glans will be noticed a loose fold of integument which has been termed the preputium clitoridis (No. 3, Fig. 31).

The mons veneris (No. 11, Fig. 21,) is situated upon and above the pubes. It is formed by a cushion of cellular and adipose tissue, disposed between the bone and the integument. At the period of puberty it becomes covered with hair. The labia externa or majora, are two folds of integument (No. 1, Fig. 31), which on either side form the external boundaries of the female genitals. They commence above from the mons veneris; at what is termed their superior commissure (No. 11) they diverge slightly as they proceed downwards to surround the entrance into the vagina, and again converge below, where they meet to form the inferior commissure, or fourchette (No. 10). A distinct and rather prominent fold of integument connects them below (at No. 12), which is denominated the frenulum pudendi. The external labia are composed of cellular tissue contained in folds of the integuments; no erectile tissue is to be found in them. The round ligament of the uterus, having passed through the inguinal canal, terminates in them; and when inguinal hernia occurs in the female, the round ligament conducts the tumour into the external labium. The skin of this part, in adult age, is covered with thinly set hairs. It is continuous externally with the skin of the inner and upper part of the thigh, internally with the mucous membrane of the nymphæ, above

Fig. 31.

Fig. 31 exhibits the external genitals of the female.

1. Labia externa.
2. Labia interna, or nymphæ.
3. Preputium clitoridis.
4. Glans clitoridis.
5. Vestibulum.
6. Meatus urinarius.
7. Orifice of the vagina.
8. Hymen.
9. Fossa navicularis.
10. Inferior commissure, or fourchette.
11. Superior commissure.
12. Frenulum pudendi.

with the mons veneris, below with the perineum.

The nymphæ, or labia interna (No. 2, Fig. 31), are two projecting folds of mucous membrane, between which is situated some cellulo-vascular tissue, which some have described as erectile. No adipose tissue is ever formed in their substance. They are continuous above with the preputium clitoridis (No. 3, Fig. 31), from which they may be said to commence. They proceed downwards on the inside of the labia externa, on which they gradually terminate. They present an external surface continuous with the external labium; an internal one which is lost in the vestibulum and orifice of the vagina; a posterior edge attached to the external labium; an anterior one which is free.

The vestibulum (No. 5, Fig. 31,) is a triangular space bounded laterally by the nymphæ, above by the clitoris (No. 4), and its prepuce (No. 3), below by the entrance of the vagina (No. 7). Syphilitic ulcers are frequently situated in this part. In the centre of the base of this triangular space and immediately above the vaginal orifice (No. 7) will be observed a small opening about three lines in diameter, it is the meatus urinarius (No. 6), the margin of which is rather prominent and uneven.

The hymen (No. 8, Fig. 31,) is a crescent-shaped fold of mucous membrane, situated at the lower part of the orifice of the vagina (No. 7), which it partly closes. We notice, belonging to it, an anterior and posterior surface, an upper, unattached concave edge, and a lower convex edge, connected with the lower segment of the orifice of the vagina. It varies much in its degree of development in different individuals, and in this respect may be compared with the prepuce of the male. Its presence has been considered a test of virginity, but it is one which cannot be depended upon, and any conclusion drawn from its absence would be perfectly unwarrantable. Dr. Ramsbotham on this point says, "Although the presence of the hymen was formerly considered a test of virginity, from the supposition that it was invariably broken on the consummation of matrimonial intercourse, this idea has long been repudiated; for it is now well known, not only that it may be destroyed and lost from numerous causes originating in disease or accident, but also that in some instances it does not give way on the first nor many subsequent connections, and even that pregnancy has taken place while this membrane was entire; so that its presence can be no proof of personal chastity, nor its absence of immorality."

After the destruction of the hymen there remain some slight irregularities in the position of its attached margin, which have been termed the carunculæ myrtiformes. Below the hymen, and between it and the frenulum pudendi is situated a hollow space, the fossa navicularis (No. 9, Fig. 31), in which venereal ulcers are occasionally found. For the exact position of the clitoris, as far as it is evident externally, I must refer to the diagram (No. 4, Fig. 31); where it will be observed between the divergence of the nymphæ at the upper part of the vestibulum and below its preputium. The clitoris is supposed to be the most sensitive part of the external genitals in the female.

The bladder (No. 3, Fig. 21,) in the female differs so little from that of the male, that a very few observations will suffice for its description. It is more rounded in form and more capacious than in the male subject; it is separated from the rectum by the vagina and uterus (vide Fig. 21), but in other respects bears the same relations to surrounding parts, except that the peritoneum is reflected on to its posterior surface from the uterus instead of from the rectum; its coats are otherwise analogous; the ureters (No. 9, Fig. 21,) open into the posterior parts of its base, and the urethra (No. 10, Fig. 21,) proceeds from its neck anteriorly to pass through the opening in the deep perineal fascia; soon after which, not being more than an inch or fifteen lines in length, it terminates at the centre of the base of the vestibule by an external orifice (meatus urinarius, No. 15, Fig. 21, and No. 6, Fig. 31). The urethra in the female as well as in the male is surrounded by the fibres of the compressor urethræ; and, moreover, in the female it is included in the grasp of the sphincter vaginæ (No. 17, Fig. 21). No structures corresponding with Cowper's glands or with the prostate are found connected with the urethra, or with the neck of the bladder. Mr. Guthrie, however, describes a female prostate, but does not assert that it is glandular, or that it possesses the same internal structure as in the male. The appearance of a trigonum vesicæ may be observed on the interior of the neck of the female bladder. The short female urethra is uniform in diameter throughout, measuring from three to four lines; it forms a slight curve, the concavity of which looks upwards towards the arch of the pubes; it is very dilatable, and calculi as large as walnuts have been known to pass through it, or to have been extracted from it. Operations by cutting instruments on the neck of the female bladder or urethra should not be lightly undertaken, as they are usually followed by incontinence of urine. The female urethra is not liable to stricture, and no natural obstructions occur in this short canal to the passage of instruments, which are occasionally required in cases of calculus, or in retention of urine.

CASE OF

PRETERNATURAL LABOUR

COMPLICATED WITH

DETRUNCATION OF THE FŒTUS.

By W. Campbell, M.D., Lecturer on Midwifery, &c., Edinburgh.

The following details of a very interesting case in midwifery may, perhaps, be considered deserving of a place in the pages of The Lancet:—

Mrs. M., ætat. 32, five feet four inches in height, of spare habit, but healthy, applied to me for assistance some time previously to the delivery of which I am about to communicate the particulars. She had formerly borne two children, the first in the country, and the second in town, under the management of one of my pupils; on both occasions the fœtus was still-born, after a severe labour. When she was delivered in the country instruments were required, and the medical attendant then declared that she would never be able to give birth to a living child, a prediction which, as will appear in the sequel, proved quite prophetic! In her third labour uterine action commenced about ten, p.m., April 27th, 1841; and she was visited by Mr. Potts, my assistant, at two the following morning, when the feet of the fœtus were on the eve of passing through the os externum. The greatest difficulty was experienced in extracting the body, which, in the estimation of all who saw it, fully equalled in size a child three months old. After great trouble the arms were extracted, but it was found impossible to bring the head through the brim. As the woman was much exhausted both from her own efforts and those which were exerted for the extraction of the fœtus, and as it was desirable to accomplish the delivery as expeditiously as possible, the perforator was pushed through the base of the cranium at two different points, with a view to the evacuation of the brain, which, however, was effected but to a very trivial extent. Repeated attempts were now made to apply and extract with the forceps and crotchet; but only one blade of the former could be passed owing to the brim being so completely occupied; while with the latter, though fixed, it was found impossible to drag the cranium into the pelvis. To reach, and, if possible, diminish the volume of the head with greater facility, detruncation was now resolved upon, and effected at eight, a.m. Thereafter, however, the extraction of the cranium was not persisted in, as, though cordials were administered, it was evident the woman was fast sinking, and she died about eleven in the forenoon. Drs. Thatcher and Malcolm assisted me during the latter part of the management of the case; and it was by the former of these gentlemen that the body of the fœtus was separated from the head.

Dissection.

The following morning Dr. Lonsdale opened the body in the presence of Drs. Thatcher, Malcolm, Sinclair, and myself, with several other members of the profession. On dividing the abdominal parietes by a crucial incision, the uterus, forming an oblong body, and extending from the sternum to the pubes, presented itself. There was no viscus betwixt the anterior surface of the uterus and the parietes of the abdomen, which latter were very thin. A considerable quantity of blood and serum now escaped from the abdominal cavity, which at first led to the supposition that some injury had been done to the uterus; but on carefully examining this organ, no lesion could be detected. The uterus was now laid open, when the placenta, which cohered to the fundus and to the anterior part of the body of the organ, was exposed. There was a partial separation of the mass from the uterus, and hence about twenty ounces of coagulated blood which were found in its cavity. The head of the fœtus occupied the lower part of the uterus, and was placed upon the brim, with the cervical spine projecting into the cavity of the pelvis.

From the most projecting point of the first portion of the sacrum to the upper part of the symphysis pubis, measured two inches and nine-tenths; and from the left sacro-iliac symphysis to the opposite acetabulum, four inches and six-tenths. The head from the chin to the top of the occipital bone, measured five inches and seven-tenths; and from one parietal protuberance to the other, four inches and two-tenths.

There was no injury of the pelvic linings; wherefore the fatal event must be ascribed to the exhaustion consequent on the efforts at extraction, and on that produced by the effusion of blood into the abdominal and uterine cavities.

Some circumstances in the foregoing case,—an unusually large head and fœtus, a very contracted pelvis, with a footling presentation, have corrected in my mind an error in which I have hitherto indulged, viz., that detruncation was rarely, if ever, necessary. One error at least was committed in the management of this case, by an attempt not having been made after the separation of the trunk to turn the base of the head upwards, whereby its upper part would be brought towards the brim of the pelvis, a large breach more easily made, the brain thus readily evacuated, and the head consequently so much diminished in size that it might have been extracted before the patient had sunk.

4, Picardy-place, Edinburgh,
March 24, 1842.

CRITICISM ON A CASE OF TWINS,

REPORTED BY "STUDENS GUYENSIS."

To the Editor of THE LANCET.

SIR,—Through your readiness to attend to the wishes of students, and to insert their communications, you cannot avoid occasionally exposing the pages of your Journal to criticism. As it is clearly the duty of every one to prevent the propagation of error, I must beg you, if you consider the following remarks just, to give them to your readers, by which you will also oblige your obedient servant, VINDEX.

March 10, 1842.

THE LANCET of Feb. 12th, 1842, contains the detail of a case of twin labour with remarks by a Guy's Student, in which the writer gives us several points of his practice, enforced by remarks, which are meddling and dangerous; and as I cannot think such principles have been taught him at Guy's Hospital, I venture to particularise one or two of these errors.

He tells us that "at half-past twelve finding the head progressing slightly, and one lip of the uterus jammed between it and the pubis, I endeavoured during each pain to slip it over the head, but was unable to do this till half-past two;" and he goes on to say, "and by manœuvring (more easily to be imagined than described) with my finger against the head, I managed to assist it in making its turn." Both parts of such meddlesome attention were at least useless, and would in many cases have been productive of serious consequences. Leaving out of consideration the fact that the head of this first child was that, as he tells us, of an undersized twin, and therefore could not greatly have jammed the anterior lip of the uterus, nor have required any extraneous assistance in its adaptation, it is well known to accoucheurs that the worrying attempts at pushing the anterior lip over the head during a pain are impracticable, and apt to produce excoriation, and even laceration. Unless the lip becomes swollen and œdematous, its being pressed is ordinarily a matter of no consequence; and should it be of moment to release it, "during a pain" is not the time to make the attempt, but in *the interval* we should push it up, and endeavour *during a pain* to maintain it in its new position.

Again, the manœuvring with the finger so as to assist the head to make its turn, tells us that he does not understand the mechanism of parturition. And how is this? for undoubtedly the lecturer on midwifery at Guy's Hospital has duly instructed him in the true mode in which the head presents, descends, and passes from the outlet, viz., in the oblique direction; and also the danger of poking and fingering to effect what nature never intended: for Nägele has clearly shown, what any practical person may verify, that the head never effects the "turn" in the sense in which many persons use that term, the face never fairly occupying the hollow of the sacrum, but maintaining its obliquity throughout.

Studens Guyensis also tells us that he used "tremendous force" in the extraction of the placentæ, pulling with both hands; and this practice he enforces in his "remarks" on the case. Is not this enough to make one shudder, and to ask where he learned such principles of practice as these? and to express a hope that he will think of the dangers to which he subjects his patients, for prolapsus and inversion might easily be produced by such an unwarrantable measure. There runs also through the report of the case such a spirit of *acting as if parturition were a disease*, that it deserves remark; for no one should labour under such a false, yet too common an idea. His giving the patient forty drops of opium when the first abdominal pinching pains of commencing labour came on, and the next day calomel and opium, is not to be commended, and, as I think the results show, retarded the uterine action, the labour turning out very lingering. He says the living child was born first, and that the second must have been dead five or six days, as the cuticle was beginning to exfoliate, *and yet when this dead child is born the cord pulsates strongly close to its body!!*

COLONIAL PASSENGERS' BILL. THE MEDICAL OFFICER.

To the Editor of THE LANCET.

SIR,—I believe a Bill is shortly to be laid before Parliament respecting the carriage of passengers to the colonies. In the short abstract of it which I have seen, there is not a word said respecting the surgeon superintendent, who is entrusted with the charge of the emigrants. This, Sir, I trust, has not escaped your vigilant attention. At present so inadequate is the remuneration, that none but very young and inexperienced men ever think of taking charge of a passenger-ship; in fact, it is considered as a last resource. It is also well known that sometimes persons are permitted to take charge of ships who have *no qualification*, consequently there must be some means of evading the present law. Few will be disposed to deny that the office of surgeon in charge of emigrants is one of considerable importance, on him devolves not only the medical charge, but the general arrangement and management of these poor people,—no easy matter when it is considered that one or two hundred human beings are cooped up for four or five long months within the narrow confines of an emigrant ship. Surely the person who is entrusted with this duty should be a man of considerable experience, and should also receive a suitable recompense for the perform-

ance of it. The paltry sum which is now allowed on the part of Government is 10*s.* or 10*s.* 6*d.* per head; but the *liberal* shipowners, if the surgeon gives satisfaction, are pleased to give a bonus of 20*l.* on the ship arriving at her destination, whilst the majority give nothing. If the ship should have as many as two hundred emigrants, the surgeon would then receive in all about 120*l.*, out of which he would have to pay nearly 100*l.* for his passage home; his outfit will have cost him at least 40*l.*, so that after a year's labour in this service he will find himself on his return (taking it in the most favourable light) 20*l.* out of pocket. Every Government, whether Whig or Tory, appears to act with equal unfairness towards the medical profession. How richly would the meanest minion of the law (if employed by Government) be remunerated, in comparison to the surgeon of a passenger-ship, who has some hundreds of human beings entrusted to his care. When Government sends out a convict-ship the surgeon superintendent is fairly paid; he receives, in addition to his pay as a surgeon in the navy, 1*l.* per convict, and also 90*l.* or 100*l.* to pay his passage home. Mark, Sir, the wide distinction that is made between the poor emigrant and the convicted felon, and that in favour of the latter. If there is one class of beings more than another towards whom every sympathy of the human mind should be directed, it is towards that unfortunate class who, unable by the sweat of their brow, to earn a living at home, are compelled to seek that subsistence in a far distant land which is denied to them in their own. It should also be remembered that these very people are likely to become, at no distant day, a source of strength and riches to that father-land to which the heart still fondly clings. When lawyers are employed by Government it is generally imperative that they should be at least of five years' standing, but no such care appears to be taken where the lives of the poor are concerned. It may be said that a sufficient number of surgeons of five years' standing could not be had for this service. My answer is, give them a *moderate* but *fair* remuneration, and you will find plenty. If proof were wanting it might be given in the fact, that married men with families, of standing and experience, *volunteered* to serve on that desperate undertaking "the Niger expedition," for the small pay and allowances of an assistant-surgeon in the navy. Would it not, Sir, be an excellent mode of showing to the emigrants themselves, and to the public generally, what ships are best conducted if the number of deaths on board, with the ages and diseases, in conjunction with the names of the ship and surgeon, were regularly published? Hoping that you will give this subject, which loudly calls for redress, a share of your attention, I am your very obedient servant,

March 25, 1842. Δελτα.

LETTER FROM DR. COOKSON.

To the Editor of THE LANCET.

SIR,—What Mr. K., the gentleman alluded to in my letter, may have said to Mr. J., of D——, when he was insane, is not the question; the question is (as Mr. Hill very well knows), what did this gentleman say to Mr. Smith, the house-surgeon, when he was restored to his sound mind?

Mr. Hill has rendered it necessary that your readers should have the *facts;* I extract them from the most authentic source in my power, the minute-book.

Mr. Smith examined.

"Mr. K. stated to me that he had heard the patient, Mr. M., making a great noise in the apartment next his own, and that the attendant on watch had used rough language and gone to the room; that the attendant's words were to the effect, that he would stop that noise; that there was then a noise of a struggle between them, and then the noise ceased; that the attendant swore at the patient, and that when silence took place, his (Mr. K.'s) impression was, *that the man had been ill-treated, and he did not know whether the keeper had killed him.*"—Vide Min. Book, March 7, 1842.

The above is Mr. K.'s deliberate statement made on the day of his discharge from the house *cured*. Mr. Smith, the present house-surgeon, is not in the habit of suppressing matters of this description, and accordingly, like an honest and faithful officer, he deemed it his duty to report *specially* on the subject to the board: under the direction of the governors present, the following letter was forwarded to Mr. K.:—

"Dear Sir,—I am directed by the board to request that you will state the full particulars of what occurred in the Dormitory some time ago, when violence was supposed to have been inflicted on Mr. M., also that you will, if possible, name the attendant on watch when the occurrence took place. &c.

(Signed) "W. SMITH.

"March 2, 1842."

(Vide Min. Book, March 7, 1842.)

Mr. K., thus formally appealed to by the board, returns the following reply:—

"Sir,—I received yours dated March 2nd, in which you request the particulars respecting Mr. M.'s death. Sir, I was not aware who was on watch, neither did I know the keepers; all I know is, that on that night Mr. M. made a noise, which I have every reason to believe proceeded from ill treatment. I am sure if I could give you any further information I would with pleasure. &c. (Signed) "—K——.

"March 4, 1842."

(Vide Min. Book, March 7, 1842.)

These, then, are the *facts* drawn from the most authentic source—*the minutes*. What Mr. K. may have written to Mr. Hill is no-

thing to the purpose, especially as we neither know what Mr. Hill may have written to Mr. K., nor why Mr. Hill thought proper after Mr. K.'s very straightforward and sensible letter to trouble him any further by writing to him at all. Let, however, the grateful expressions extorted by Mr. Hill from Mr. K. for the purpose of publication, let the nervous misgivings of that gentleman respecting his own credibility, let his generosity and delicacy in forbearing to impute blame where he feels personal obligation, have their full value. There is a coincidence between Mr. K.'s first statements and the known facts of Mr. M.'s case; for nothing can be more certain than that the unfortunate patient was admitted in a state of violent mental excitement with extreme physical exhaustion; that he was the subject of a formidable disease, the treatment of which required an avoidance of muscular effort; that it was not until the day after this most suspicious night that he was considered in immediate danger, that he survived the *noise heard in his apartment and followed by silence* only thirty hours, and that there were *marks of violence on the corpse*, attributed, as usual, to the effects of a fall. If Mr. Hill is satisfied with the result of the investigation on Monday, March 7th, or with the present aspect of this very unpleasant affair, let him remain so. I beg to say very distinctly I am not. Sir, I have the honour, &c.

W. D. COOKSON.

March 23, 1842.

*** This letter was accidentally mislaid, or it would have been inserted last week. We regret the accident.

THE OSTEOTOMIST OF THE LATE PROFESSOR DAVIS.

ITS ADEQUACY TO THE FULFILMENT OF THE OBJECTS INTENDED BY THE INVENTOR.

To the Editor of THE LANCET.

SIR,—In the Number of your excellent Journal published March 12th ultimo, a communication appeared from the pen of Dr. William Campbell, of Edinburgh, introducing to the profession an instrument styled the kepalepsalis, assumed by that gentleman to be an improvement upon the osteotomist, the valuable invention of my late father. The doctor very modestly disclaims all merit of the invention "further than having pointed out to the maker *how inadequate Dr. Davis's instrument was to accomplish the important object in view*, and from time to time offering such suggestions as might be calculated to improve the power and utility of the instrument."

The inadequacy of the osteotomist as a resource in cases of extreme pelvic deformity in the hands of Dr. Campbell, I feel totally at a loss to account for. The important object which my father had in view when he designed the osteotomist, was to supply the profession with a power by which the delivery of a child by the natural passages might be effected through a pelvis of such contracted dimensions as would require, in conformity with the plans of proceeding hitherto practised, either the adoption of the Cæsarean section, an operation recoveries from which have been rare indeed; or, in the event of delivery by the natural passages being just possible, of long continued and forcible efforts on the part of the practitioner, harassing and fatiguing to himself, and extremely painful to his patient, which could scarcely fail to expose her life, by the greater or less amount of contusion, if not of actual laceration of tissue inflicted, to considerable jeopardy. The death of the patient, or what is infinitely worse, a loathsome existence for the remainder of her days (on account of an incurable incontinence of urine) are, be it observed, the more common consequences by far of such violent proceedings than perfect recoveries. It is true that, by the practice of Dr. Osborn (see Osborn's Essays on the Practice of Midwifery, 8vo., Lond., 1792,) and his followers, of waiting for at least thirty hours after opening the child's head before proceeding with the delivery, the operation of twisting and tearing away the bones from their connections (the mode of manipulation required in the absence of the osteotomist in extreme cases), was, through the softening consequent on putrefaction, somewhat facilitated; but what must have been the fate of most of those patients? Can we presume that so putrid a state of the discharges as must after that lapse of time be supposed to exist, could fail through the process of absorption of engendering a fever of the worst description; would not the same fatal consequences be expected to ensue, as did nearly universally, under the practice of leaving the placenta to be separated by the spontaneous efforts of nature?

But to return to the more immediate subject of these remarks. The adequacy of the osteotomist to the objects for which it was designed, must be judged of from a consideration of its dimensions, its cutting power, and its mode of action. Sixteen years having now elapsed since my father in his work entitled the "Elements of Operative Midwifery" (now some years out of print), made known his invention of the osteotomist, I may, perhaps, be allowed to communicate for insertion in your widely-circulated Journal a few extracts from that work, explanatory of the construction and objects of this instrument, for the perusal of those members of the profession who have not the work within their reach.

My father in his remarks on embryotomy operations in cases of extreme distortion of the pelvis, observes as follows:—

"The smallest measure of pelvis compatible with the extraction of a dead child piecemeal, by the natural passages, without great risk of danger to the mother from the force used in the operation, has been more disputed than positively determined. I have known examples of fœtal heads so large, even after being opened and evacuated, as not to admit of being brought down through the superior aperture into the cavity of the pelvis without the exertion of considerable force, even with a conjugate diameter of little less than three inches. With a conjugate diameter of two inches and a half, the extraction of the basis of the fœtal skull will necessarily be attended with much additional difficulty. Where the same diameter is no more than two inches, then the attempt to extract a full-grown child by the natural passages by means of the crotchets used with much force for a long time together, would expose the soft parts to much risk of contusion, and the woman herself to the eventual loss of her life. There must be limits somewhere to the safe use of the crotchets, and these limits should exclude even an approach to a violent exertion of attracting force. The expedient I have to propose for the relief of such cases, and as a substitute for the exertion of inordinate force in their treatment, is a power by which any portion of the fœtal skeleton presenting at the brim of a contracted pelvis may be broken into small fragments of about half an inch in diameter, with the most perfect impunity to the structure of the parts of the mother. As far as I know, it is an example of a new application of mechanical power, combining the principles of a punch and a pair of scissors. The whole instrument is made of solid and well-tempered steel; its cutting ends are worked into two long and fenestrated oval rims of unequal size, but of nearly equal strength. The smaller is of a size to enter into and to fit closely within the parietes of the larger. The mutually adapted parts of each being formed into a continuous oval edge, they become competent, when brought together, and firmly applied to their object, to exert a prodigious power upon a portion of bone placed within their grasp."

"Its cutting edges are protected by being inclosed within the level of the thicker parts of their respective rims, which are everywhere rounded and polished into smooth surfaces, without points, angles, or projections of any kind."

"The handles are of great length in proportion to the parts anterior to the joint, and being of sufficient strength to be perfectly inelastic and inflexible, their power must be deemed equal to the full length of their leverage."

The power of the instrument is such that it will, as my father was in the habit of demonstrating to his pupils, remove sections from a rib of beef, provided those sections correspond in length with half the length of the cutting portion of the instrument; the strength of the handles, moreover, must be such as to prevent the action of elasticity from coming into play. The thinner portion of the skull may be removed in sections corresponding with three-fourths of the entire length, and those constituting the base being thicker in sections corresponding with the two-thirds of the entire length of the cutting portion of the instrument.

"One or two sections," observes the author, "taken out by the osteotomist from the basis of the skull, the most bulky part of the cranium, will generally put an end to all difficulty in the delivery by the crotchets. In cases of greater confinement, a few additional sections will perhaps be required to be made in order to give a sufficient degree of facility to the after-part of the operation."

"The extreme breadth of its broader oval rim is three-quarters of an inch. I may, therefore, take it for granted that wherever there may be sufficient space to admit of the introduction of this instrument, together with the point of an index finger to protect the soft parts, and to feed it with successive purchases of bone, it will be practicable to effect, and therefore prudent to attempt, delivery by the natural passages. There are few pelves, even in large collections of distorted ones, so small as not to furnish from between one and one inch and a half of conjugate, or at least of antero-posterior diameter across some part of their brim. In any such cases I should think it my duty with the osteotomist to undertake the delivery by the natural passages."

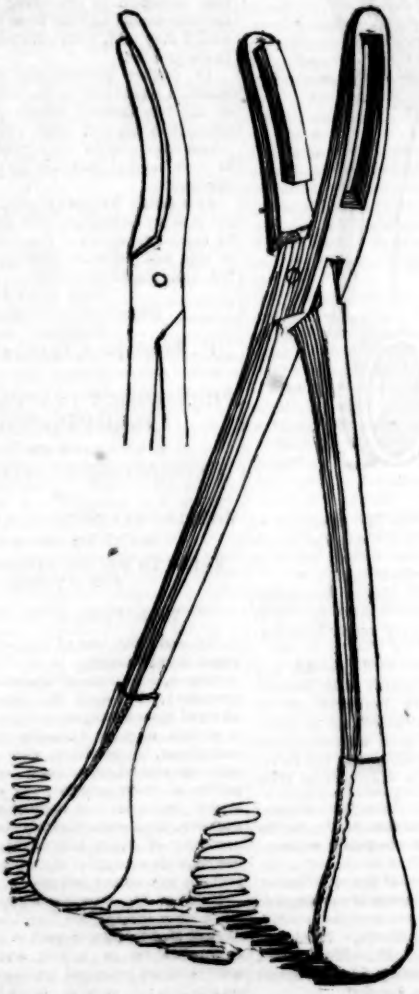
It is perfectly true that deliveries were accomplished through the carved representation of the pelvis of Eliz. Thompson, exhibiting a conjugate diameter of only one inch; but here, as my father observes, there were no soft parts to interfere with the free movements of the operator, and which, under the circumstances of an operation on a living subject, would require to be guarded with the strictest care against exposure to violent pressure of any kind.

"In making use of the osteotomist, the operator is recommended to be as gentle as possible in every change of position of the hand within the pelvis, and even in the movements of the finger or fingers employed by him to guard the soft parts of the mother and to feed the purchase part of the instrument: inattention to this recommendation will be productive of contusions and lacerations, the common results of quick movements and forcible efforts."

The osteotomist first constructed under my father's directions is in part represented in the annexed woodcut. Its cutting portion measures one inch in length and five-eighths of an inch in width, and exhibits an oval outline. The entire length of the instrument is exactly twelve inches; the length of the

handles eight inches and two-eighths. In one of the plates of the work quoted, an outline is given of the purchase part of a very small osteotomist, such as may be obviously used in very confined space; the handles or shanks of such an instrument being intended to be made on the scale of the common osteotomist.

For several years my father has had a decided preference for the use of another variety of osteotomist (also figured in the work; the annexed cuts are after drawings from the instrument in my possession), competent to remove long sections through and in different directions across the fœtal skull; the reason for my father's preference having been, that by this longer section the bones were sooner made to collapse under the attracting force applied by the crotchets, the process of lessening was much shortened, and the delivery was thus more speedily and safely accomplished.



The entire length of this last specimen of the osteotomist is thirteen inches; the length of the cutting portion two inches; width of cutting portion five-eighths of an inch. *

Another form of osteotomist competent to remove curved sections is also figured in the work, but this has very rarely been employed.†

It is not my intention to depreciate any merits which the kepalepsalis as an osteotomist may possess, upon the principle of which, indeed, it is constructed, nor to assert that the introduction of such an instrument as the so-called kepalepsalis, may not be required to administer to a difference of taste on the part of the operator; but I may, perhaps, be permitted to state, that after many years' experience in the use of my father's instrument, during which I have met with cases of considerable pelvic contraction, I have never found the osteotomist inadequate to the fulfilment of all I could desire; on the contrary, the use of this instrument has greatly smoothened the difficulties I have had to encounter, and has enabled me to effect deliveries through pelves of small dimensions in considerably less than half the time occupied in preceding labours, where the osteotomist had not been had recourse to, and, I may add, with infinitely less suffering to the patient.

In further confirmation of what I have stated, I might adduce the testimony of many of my late father's former pupils, now in practice in this and other countries, some of whom have greatly distinguished themselves in their several localities as skilful obstetric operators.

In a future Number of your valuable Journal it is my intention, with your permission, to communicate some practical illustrations of this and other obstetric subjects. I am, Sir, your obedient servant,

JOHN HALL DAVIS, M.D.,
Physician-Accoucheur to the Royal Maternity Charity.
17, Russell-place, Fitzroy-square.

* The above drawings from the original instruments in the possession of the writer are, it will be seen, upon unequally reduced scales.

† For correct specimens of the osteotomist, the members of the profession are referred to the following instrument-makers: — Mr. Botschan, 35, Worship-street, Finsbury-square; Mr. Weedon, 41, Hart-street, Bloomsbury; Mr. Coxeter, Grafton-street East, University College, London.

PHRENOLOGY INAPPLICABLE TO JURISPRUDENCE;

AND AN

UNSATISFACTORY INTERPRETER

OF

THE INTELLECTUAL AND MORAL NATURE OF MAN.

REPLY TO MESSRS. SAMPSON, DAVEY, AND HYTCHE.

To the Editor of THE LANCET.

SIR,—As the line of argument of my late paper on phrenology, in its relation to jurisprudence, has been misunderstood or misrepresented, I solicit the favour of being allowed once again, to occupy, *very briefly*, a portion of your valuable pages. I shall endeavour, by touching, although of course with the utmost conciseness, on all the chief points at issue between my opponents and myself, to render this answer as complete as possible, and consequently to obviate the necessity of again interfering, in your columns, with matters of more practical, though perhaps not deeper interest.

Much of Mr. Sampson's paper appears to me to have little or no direct bearing on the subject of mine; in no part of it is there any approximation to a fair and satisfactory answer of the principal argument of my communication; in several places he imputes to

me conclusions which by no means follow from anything I have advanced. He resorts to that artifice in argument of seeking to make me appear responsible for extravagancies into which he is pleased to push my principles. He assumes, for example, because expressing myself in a general manner, I asserted that all men possess an undoubted perception of, and power of distinguishing between, right and wrong, and an intuitive persuasion of being endowed with perfect volition in regard to their actions; and that, therefore, they must be presumed to possess such volition, and consequently to be responsible,—that I must comprehend lunatics and idiots in the foregoing definition; and he takes leave to infer that because it would be absurd to regard the latter as responsible agents, it must, of necessity, be equally so, to view the former as such. Reasoning disingenuous like this neither merits nor requires reply. What I assert is, that so long as the *intellect* is sufficiently sound for all the ordinary purposes of life, the *moral* sense is always simultaneously sound to such a degree as to render the man responsible. I assert this coincidence to be universal and constant. Had James Taylor himself, or even, if possible, a criminal far worse than he, displayed a total incapacity, *intellectually*, for due management and discrimination in the affairs of every-day life, I might have admitted Mr. Sampson's extenuating reasonings to prove him *morally* infirm. But I absolutely, distinctly, and most pointedly deny that we ever, in *any* case whatever, see the *intellectual* faculties so entire as they were in that criminal's case, and the *moral* sense so impaired as to exonerate the individual from being responsible. This is the point at issue between Mr. Sampson and all who hold his views and myself. And as I maintain there are no men in the world, saving idiots, lunatics, and those with palpably diseased brains, who are inadequate, *intellectually* speaking, to all the common emergencies and duties of life, so I maintain that, in *exactly* the same proportion, there are *none*, with the exceptions stated, so *morally* incompetent, as not to be, in the strictest sense, responsible. Some, from various circumstances of education, station, &c., may be more or may be less than others; but *all* (with the exceptions) are morally cognisant and morally competent to *such* a degree, as to render them answerable for their acts. This, I trust, is a sufficiently precise and explicit statement of my views. Mr. Davey asserts, with startling hyperbole, that "*crime is congenital*" (he of course means the *predisposition* to crime). But while granting that, in an exceedingly remote and qualified sense, his allegation, as corrected by me, may have some apparent foundation, I assert in opposition to him, that a cognate consciousness of the distinctions of vice and virtue, or rather (to express myself in a way to guard against all cavil) a cognate endowment with intellectual and moral powers, which will, in due course of time, *infallibly* confer on their possessor such a perception of moral distinctions and duties, as shall most clearly constitute him responsible; such an endowment, I repeat, is an *essential* part of man as man: that this endowment is destructible by no congenital disability, moral or physical, to such a degree as to release from responsibility, except in the few obvious cases referred to, in which individuals, either from original defect or disease, lose their *moral* perception indeed; but, then, let it be most carefully remarked, their *intellectual* perception simultaneously and in like degree. It is here that Mr. Sampson and I widely and irreconcilably differ. He seems to hold that a man may be fully qualified *intellectually;* fully alive to all distinctions whatever in the world, save to *moral* ones only; fully able to look after his own interests, and to self-govern his conduct, when he sees it to be for his advantage to do so: but, forsooth! incompetent and irresponsible *only* in regard to *moral* considerations and moral influences!! This doctrine, I, on my part, deny; and assert again to be both paradoxical and dangerous.

Mr. Sampson requests me to define the nature and extent of the moral sense, the variations to which it is subject, &c.; and from the tenor of this part of his paper, I am led to suspect, though unwillingly, that he is doubtful if man possesses such a sense, at least in such a degree of completeness and accuracy as to constitute responsibility.

Such scepticism I regard, not as philosophical doubt, but as a Pyrrhonism pushed to absolute extravagance, and shocking the common sense and experience of every sane member of mankind! It would, indeed, require long and ample metaphysical discussion to point out the foundations of our notions of right and wrong—of what is fitting, and the contrary; and it might even be easy to show that these notions are sometimes merely conventional, nay, occasionally erroneous. But, as I have already remarked, to deny that man possesses faculties qualifying him for drawing, what are called, moral distinctions; that he actually draws these, and acts accordingly, argues a *squeamishness* of belief which is no more healthy than any one morbid infirmity, whether of the mind or of the body, and which insults the candour and modesty of *real* philosophy! As to the degree and nature of the moral sense, and as to its being an unequivocal entity and not a figment, we shall try to illustrate our meaning by a reference to Mr. Sampson's own cited case of James Taylor. Now, we are thoroughly convinced, and we believe few indeed of our readers but will think along with us, that had Mr. Sampson visited that wretched man in his cell; had he asked him, if he were ever at any period whatever, prior

o his crime or at the moment of it, conscious of any congenital or acquired disability, either physical or moral (these terms being explained to him)—whether he ever, for one instant, lost a clear persuasion of possessing volition in regard to his actions; a clear sense of the distinctions of right and wrong conduct, and an equally strong and profound consciousness of *responsibility*: the criminal's answer, had he not perhaps been deterred by a fear of formally criminating himself, would have been, most probably, "What, Sir, do you suppose me a fool or a madman!" And this being the case, is it not utterly preposterous for Mr. Sampson virtually to tell persons whose own internal persuasions assure them of the contrary, that they are, congenitally or otherwise, morally impotent, morally irresponsible! It is truly ludicrous. The whole demeanour of Taylor showed a coarse bravado of law and opinion; but in this very bravado was implied a consciousness of having outraged obligations he was bound to obey. That bravado is familiarly explicable on metaphysical principles totally different from any suppositions that he had lost the sense of moral distinctions and of responsibility; both of which he, too manifestly, could not divest himself of to the last.

I conclude, therefore, with re-asserting my original argument in the most emphatic and confident manner, namely, that the sense of moral distinctions, of our possessing the power of volition in regard to our actions, and a persuasion of responsibility, exist in all *sane* men; but that these, if coexisting with any disability, congenital or acquired, physical or moral, to such a degree as to control and overbear our volition, and consequently to render us the slaves of a physical necessity, while we ourselves supposed ourselves free agents, would be nothing more or less than a horrible deception practised on his creatures by the Creator. Such a conclusion I reject, and with it the phrenological doctrines which lead to it. Yet to such a dreadful conclusion Mr. Combe, Mr. Sampson, and all who propound phrenology, as *they* propound it, must unavoidably come, if they would consistently carry out and frankly recognise their own principles. It is this argument as now stated by me, and as set forth in my former paper, on which I shall take my stand, as on an impregnable vantage-ground. Again, I assert that *that* argument fairly brought to bear, compels us either to reject some of the fundamental doctrines of phrenology as usually propounded, or to own a fearful and awful anomaly in the constitution and circumstances of man; and a palpable and dismal departure, in this instance, from the usual harmony of nature, and from all the analogies of it!

I also again most pointedly affirm, that to talk as Mr. Sampson does of functional disturbance, of morbid action of the brain, when there are no physical signs of that disturbance, no suffering either in that organ, or elsewhere, is to be guilty of the most gratuitous assumption. How, I ask, are we to learn that there is any such morbid action, any such functional disturbance of the brain, without physical signs? Is it replied that the intellectual or moral aberration proves it? But this, as I have already remarked, is a palpably flagrant *petitio principii*, as must be self-evident to all in the slightest degree acquainted with the most simple rules of ratiocination. I freely admit that functional disturbance of the brain may long subsist without *structural* change; but I absolutely and totally deny that such disturbance may exist without *physical* signs: under which I may instance pain, lesions of the sensal organs, of the stomach, &c. Indeed, as I have already remarked, how possibly, without some such lesions, could we be assured at all that the brain *was* functionally deranged?

Mr. Davey's and Mr. Hytche's papers do not require notice. The former, with a self-complacent dogmatism, too characteristic of many partisans of phrenology, as usually expounded, asks, "why should phrenology, more than other sciences, escape the enmity of prejudiced minds;" and with ridiculous hardihood places a theory still unestablished, still disputed against, by the very highest authorities in physiology and science, on a level with the universally-recognised systems of Copernicus, Harvey, and Jenner! He, also, uncourteously and unwarrantably counsels me to study "*the great volume of nature, where I shall find no prejudices, no pandering to popular tastes or party interests.*" Any one who would thus readily impute paltry motives to me, furnishes me with too just ground to suspect that he himself is not ignorant of their influence.

Mr. Davey reminds me that congenital disability is wholly the result of an infringement of the natural laws, and, as I have already remarked, I do not entirely dispute either the fact or the explanation of it. But what I deny is, that that congenital disability ever affects the moral part only to the exclusion of the physical. In all cases, then, in which a man is *intellectually* qualified for the ordinary duties of life, I hold that he is morally also; and as under this definition is included all men not lunatics, idiots, or under disease involving delirium, so I hold that all men, with these exceptions, are *morally responsible*. This, I hope, is sufficiently explicit. *However great the congenital disability may be, if it fall short of making a man an idiot, I assert that it leaves him responsible.*

I cannot discover the slightest apology for the appearance of Mr. Hytche's communication. In my former paper I clearly referred to the motions of the brain due to the influence of circulation and respiration. As to mental excitement causing perceptible move-

ments in that organ when denuded by accident or operation, it is altogether unnecessary for me to point out, that in this case such movements are not owing to the *mind acting on the brain directly*, but to *emotion* operating as it were on the heart and lungs, or rather on that portion of the nervous system distributed to these. But Mr. Combe's case is obviously meant to prove that the movements he observed were referrible to the former cause; and that, according as each faculty is successively exercised, now this and now that part of the brain starts into vivid movement. Again I say, "Credat Judæus, sed non ego."

But I have extended my remarks too far—though I have by no means exhausted all the objections I have to the wild and visionary views of my opponents. All that I conceive to be at all established in regard to phrenology is, that there is *some* relation, and this the most general possible, between the development of the *anterior* part of the head and the mind. I utterly deny that any corresponding relation has been *made out* between the middle part of the head and the affections, between the posterior part and the passions or propensities. I do not think that the location of a *single* organ or faculty has been demonstrated. Such are my deliberate and unprejudiced opinions.

I have now, in conclusion, *an exceedingly important observation to make*. I know not whether Mr. Sampson does or does not deny the possession, by man, of the real or supposed immaterial principle, called *mind;* but I, on my part, frankly own to him, that while inclining to a belief in the existence of such a principle, I am at the same time fully aware that the doctrine is wholly incapable of demonstration. I myself always use the word mind in a merely conventional sense, for reasons immediately to be assigned. But this admission on my part alters not, in the smallest degree, the difference in opinion between Mr. Sampson and myself. It still remains to be decided whether that part of our nature which he and I, by mutual convention, call the material moiety of us, possesses an influence so great as he claims for it, over that part which, by a like convention, we name the intellectual and moral—whether the former, to any extent so large as to admit of a general principle being founded on it (a principle for example applicable in jurisprudence), so controls the latter, as virtually to deprive men of what, in common parlance, is called *volition*. I distinctly deny that such is the case. Many phrenologists hastily imagine that they would achieve a great triumph; and some of those disposed to think with me, suppose, with equal rashness, that their cause would be lost, were man admitted or proved to be a *wholly material being*. No notion is more unfounded than this. God, in his omnipotence, may be able to attach to *matter*, the volition, thought, and other phenomena, usually supposed capable of inhering in mind alone. The only *essential* point is, whether man does or does not possess a faculty of volition, whether physical or not. This question is entirely distinct from, independent of, and unaffected by that of man being wholly material or the contrary. Phrenology decides nothing in this question. The possession of volition by man, or the want of it, must be determined by an observation of men's actions, not of their skulls; and I must own that with me the occasionally rapid changes in men's conduct, caused by altogether incidental changes in their circumstances, and the motives operating on their minds—changes apparently incompatible, from their celerity, with any supposition of their depending on *physical* conformation—seem no less so, with the supposition of man wanting the most perfect freedom of will. The argument now advanced, however, is distinct from that derived from the fact of man's possessing sentiments of self-approbation and self-blame, a discriminative perception of right and wrong, and, *by consequence*, the faculty of *volition*, conjoined with *responsibility*, and involving it; an argument which, I again repeat, may be made conclusively instrumental in overturning the chief *moral* doctrines and inferences of phrenology, as now propounded by Messrs. Combe, Sampson, and those who think and express themselves similarly. I am, Sir, your obedient servant,

ROBERT DICK, M.D.

London, March 19, 1842.

A LESSON FOR PRESCRIBING DRUGGISTS.

GLOUCESTER SPRING ASSIZES.

April 2, 1842.

Before Mr. Justice PATTESON *and a Special Jury.*

THE MASTER, WARDENS, AND SOCIETY OF APOTHECARIES *versus* ROBERTS.

THIS was an action to recover penalties alleged to have been incurred by the defendant in practising as an apothecary, without having obtained the certificate of qualification required by 55 Geo. III., c. 194.

Mr. MACLEAN having opened the pleadings,

Mr. Serjeant TALFOURD addressed the jury as follows:—I have the honour, with my friends Mr. Richards and Mr. Maclean, to be counsel in this case for the Society of Apothecaries, who have a most important trust reposed in them by the Legislature, affecting the health and safety of her Ma-

jesty's subjects, and who in pursuance of that trust have felt it to be their duty to institute the present action against the defendant Mr. Roberts. In the year 1815 it was found that a number of persons unskilled in medicine had intruded themselves into the profession of an apothecary, which in ancient times probably implied a person who merely dispensed the drugs prescribed by physicians, but which had at that time, as it has since, acquired great importance indeed, with reference to the health and safety of the country, an apothecary being now the general practitioner of medicine; he is the physician, so to speak, of a large class of the community, administering to them in sickness with great skill, with great care, and with great discretion. In consequence of the great importance which this class of medical practitioners had assumed, it became extremely necessary to guard the health of the public against the intrusion of persons into that branch of the profession who should be unfitted to perform the duties attaching to it, and accordingly in the year 1815 an Act of Parliament was passed which reposed in the Society of Apothecaries, an ancient body, chartered by King James the First, and in sworn examiners, the duty of superintending the education and testing the qualification of those who should thereafter engage in the practice of an apothecary. I cannot do better than read you the terms of the Act of Parliament itself: it recites that "much mischief and inconvenience has arisen from great numbers of persons in many parts of England and Wales exercising the functions of an apothecary who are wholly ignorant, and utterly incompetent to the exercise of such functions, whereby the health and lives of the community are greatly endangered, and it is become necessary that provision should be made for remedying such evils." Then that mischief being recited, the Act of Parliament enacts, "That the said master, wardens, and Society of Apothecaries, and their successors, shall be and they are hereby appointed and constituted, directed and empowered, for ever to superintend the execution of the provisions of this Act, and to enforce and carry the several regulations and provisions thereof in relation to the several persons practising the art or mystery or profession of an apothecary throughout England and Wales, and all other the purposes of this Act, into full execution." Another clause prohibits any persons from practising as apothecaries unless they shall have obtained a certificate from the Society of Apothecaries, which of course is preceded by an examination by persons appointed by the society, and enacts that persons practising without such certificate shall be liable to a penalty of 20*l.* for each offence, and empowers the Society of Apothecaries to sue for that penalty. It does not permit (as is often the case) any individual who may think fit to take upon himself the enforcement of the law, either for his own personal and individual benefit, or from any other feeling, but reposes in the society alone the power of instituting proceedings like that which has brought the defendant Mr. Roberts before you to-day. Gentlemen, having some knowledge of the course which has been pursued by the Society of Apothecaries in other cases, I may take leave to say (and my stating it will not prejudice the defendant in this case), that the power vested in them has been most wisely and kindly wielded, for they have never proceeded to enforce these penalties without first giving full and ample warning to the parties infringing the law; and whenever there has been a disposition shown by the offending parties to submit themselves to the law, and to give security that they will offend no more, the society have been desirous to proceed in such a manner as not to press heavily on individuals who have come within the scope of this Act of Parliament. Gentlemen, the defendant in this case, Mr. Charles Roberts, carries on the business of a chemist and druggist in Winchester-street, in the town of Cheltenham, and in the month of January, 1841, it was brought to the notice of the society that he had taken upon himself to act as a medical practitioner, that he had attended patients in various illnesses, and had not only provided drugs, but had given his advice, and had in fact performed all those functions which in modern times have belonged to an apothecary. A letter was accordingly addressed by the society to Mr. Roberts in that month, informing him they had received such information, and desiring him to desist for the future, or that they should put the law in force against him. They heard nothing from him, however, but in December last (many months having elapsed) certain proceedings took place in Cheltenham, which of necessity brought it to the knowledge of the society that Mr. Roberts had been acting (and acting somewhat extensively too), in prescribing for, and in administering medicines to, the poorer class of the community; and when it was brought to the knowledge of the society in such a manner, they felt bound (their previous warning having been disregarded) to institute these proceedings. They found several cases, when they came to inquire further, in which he had given his advice, and attended as a medical man, and acted, in fact, precisely as apothecaries act, with this slight difference, that his charge had been made nominally for his medicines only, a difference which does not exist in the case of many apothecaries, it having been, indeed, till lately thought that an apothecary had no right to make a separate charge for his attendance, a very unfortunate delusion which has now been happily removed.

Gentlemen, under these circumstances the present action has been brought against Mr. Roberts. Perhaps he may have proceeded upon this ground:—He is a chemist and druggist, a trade which borders on the margin of the medical profession, but for the purpose of entering into which there is no previous examination, education, or even necessary skill. Any person who chooses to open a shop in any town, to put "chemist and druggist" over his door, and to get some large glass bottles filled with prettily coloured liquor, may hold himself out to the world and act as a chemist and druggist; and most useless would this Act of Parlialiament be if a person who carried on this extremely respectable trade, even if he carried it on *bonâ fide*, had a right to break through the provision of the law, and to practise as an apothecary. Mr. Roberts has been probably under an impression that he had a right to act in that manner, and this impression he may have derived in part from the circumstance of a trial which took place before a learned judge who was once a great ornament to the bar of this council (Mr. Justice Maule), in which the jury acted under the direction of that learned judge, who thought that an exception contained in this Act of Parliament in favour of the trade of chemists and druggists allowing them to carry on that trade as before the Act, might entitle a chemist and druggist to give advice and to administer medicine; but that was afterwards set right by the Court of Queen's Bench, and it is now well known and established that the carrying on the trade of a chemist and druggist gives no right to an uneducated and unauthorised person to act as an apothecary. I am willing to give Mr. Roberts credit for having been confirmed in the course he was taking by an apprehension of that kind. I believe that my friend, Mr. Alexander, who appears for Mr. Roberts, is ready on his behalf to express his regret for having violated the law; to admit that he has so done, and that there is no foundation at all when the matter is rightly investigated and understood, for the claim of a chemist and druggist to act as an apothecary without a proper certificate from the society. If my learned friend is now instructed to express that feeling on the part of the defendant, then I, on the part of the Society of Apothecaries, am content to accept your verdict for one penalty, and to abstain from enforcing that judgment, or the costs upon it, unless the society shall satisfy themselves that he has again infringed the law, in which case the judgment will be put in force against him; the society will not exercise the power they thus reserve to themselves without the most candid and full examination. I firmly hope and believe that there will never be any occasion for such an examination, but that Mr. Roberts, convinced of his error and acknowledging it now through his counsel, will cease to act as he has done, and then the object will be accomplished which induced the society to bring this case before you.

Mr. W. J. Alexander for the defendant then said, I am anxious to express both on the part of Mr. Roberts and myself, my full conviction of the pure motives which have actuated the plaintiffs in this proceeding. I believe they have been actuated only by a sense of their public duty. Mr. Roberts desires me to express on his behalf his regret for having broken the law, as he is now aware he has done, by violating the provisions of the Apothecaries' Act. The mistake into which he has inadvertently fallen arose from the very general way in which the decision in the case of the Apothecaries' Company *v.* Greenough was transmitted through the country in various medical works, and the length of time which elapsed before the verdict in that case was set right by the Court of Queen's Bench. He regrets that he has broken the law, and he is not at all unwilling to submit to the terms which have been suggested, and to consent to a verdict passing against him for one penalty, and he engages *bonâ fide* to abstain from the practice of an apothecary in future.

Mr. Justice Patteson: I am very glad the case has taken this course, for I can very easily see the effect that the case to which you refer must have had between the time of the verdict and the time of its being set right by the Court of Queen's Bench. The doubt arose from the word "dispense," which is used in the 28th section. That is the clause authorising chemists to dispense medicine, and it was thought that it meant that they might give advice, but the court determined that it gave no such power.

The verdict was then taken for one penalty and costs, and the jury were discharged as to the other counts.

MEDICINE AND PHARMACY.

To the Editor of The Lancet.

Sir,—The remarks of "An Observer," in a recent number of your excellent Journal, on the hostile position which the chemists and druggists have taken against the legitimate apothecary, I find, by reference to the "Transactions" of the Pharmaceutical Society, to be well founded; and, although there is not the shadow of a chance that the druggists will ever be able to carry their unreasonable intentions into effect, yet their avowed object should put the apothecary upon the *qui vive*. In this metropolis, and in many of the large provincial towns, aided by the lower grade of prescribing practitioners, the druggists have usurped a position which was held fifty years ago exclusively by the apothecary. The work has

been one of gradual progress. Had the druggist started all on a sudden with his partner M.D. (the honourable member of the college of Warwick-lane bound not to participate with the apothecary in the price of the medicines he prescribes); I say, had this honourable fraternity broke loose, like Minerva, armed *cap-à-pie*, and taken the field against the apothecary, the assailants would speedily have been discomfited. The enemy that has insidiously penetrated our territory, remains there by our sufferance only. We have power, if we please to exert it, not only to stop the further progress of the foe, but to control his operations in his present position. The whole body of general practitioners should feel it a duty to their order to throw the entire weight of their influence in favour of those high-minded physicians who do not condescend to truckle with the druggists. There are such, and not a few. An appeal to self-interest is the best argument that can be produced to the druggist-doctors; and they would find that the patronage of the general practitioner was more lucrative and somewhat more honourable than that of the druggist. Had the apothecaries been a vindictive race, this would have been their policy and conduct many years ago. Forbearance may be carried too far, and cease to be a virtue.

There is one point which it behoves the young general practitioner to consider. It has been the ruinous fashion for young men to begin to form a practice with all the outward appearance of being pure surgeons. Fascinated with the *éclat* of great operations, the ardent young mind aspires to the fame of a Cooper or a Brodie. An expensive house is taken, and a brass plate shows it to be the residence of Mr. Hope. Yet neither the house, nor the name, nor even the supposed-to-be-known prizes won at Guy's, may, at the end of the third year, have sufficed to meet the rent—although a scientific wonder to himself and his grandmamma.

This mistake is highly in favour of the druggist, who rejoices to see another general practitioner above the drudgery of pharmacy. The general practitioner is beginning to be awake to this species of self-delusion, and finds out that unless he has a good private income he must practise like a man of business, and not merely as an amateur. He discovers that the best plan, for the first years, at least, of his professional life, is to be, openly, an apothecary, with all the outward marks and requirements of that calling, and that dignity with debt is but a sorry honour; and when babies come in faster than baubees, the father gets into a deplorable condition. The idea of dignity is frequently an *ignis fatuus*, which leads into a quagmire. It is probable that the great cry for general practitioners to become fee practitioners has some deep design for its origin. The plan in the long run would destroy that order of medical men *in toto*, and a new set would, from the wants of the public, spring up in their place. The public will have, at all events, dispensing practitioners. The fee plan has been tried, and will not do. Some few patients will assent to the proposal in the abstract, but when it comes into action, unless the practitioner has a very strong hold on his practice, he will find out that his patients become gradually very polite, and so reluctant to intrude upon his valuable time as not to send for him, but on very serious occasions, and will not trouble him to call every day. He is no longer complimented upon being very attentive: his attention, indeed, may be more than is agreeable. I have heard it objected to a fee practitioner that his visits were "so very frequent." Those who are so urgent for the general practitioner to renounce pharmacy, have either some sinister design, or they are unacquainted with the true state of medical affairs.

By acting under the impulse of a false pride, the apothecary is doing his best to desert the position which he has honourably and usefully maintained for ages, to be occupied by the young physicians and druggists. All the protection we need from the Legislature is a right to recover charges for medicines and attendance, and the prevention of unqualified practice, and, if possible, the prohibition of the sale of proprietary medicines. I am, Sir, your obedient servant,

An Old Apothecary, M.R.C.S.

London, March 16, 1842.

THE LANCET.

London, Saturday, April 9, 1842.

Mr. Guthrie has addressed a second epistle to "Dear Hovell," who politely forwarded it to us for publication in The Lancet, unwilling, apparently, that such a specimen of statesmanship should be lost to the world. In the first epistle to Mr. Hovell, the presidential diplomatist put himself forward as the harbinger of a new order of matters in Poor-law arrangements. Everything was to be new and *perfectly satisfactory*. But now, though he declares, with an ill-concealed vanity, that "the *only point with* "*which he has had nothing to do* is that which "relates to the consultation certificate," it turns out that the order is in several respects far from satisfactory, even to Mr. Guthrie.

For example, the learned President says:—"The maximum area and population of medical districts are in progress of diminution; nevertheless, a district of 15,000 acres, or a rural population of 15,000 persons—the quantities assigned by the order "—*are both one-half too large for one medical officer; it being impossible that the sick poor can be justly and fairly attended to by him*, although there may be many reasons why unions or districts of this extent and population should exist." This is one drawback to Mr. GUTHRIE's promised perfect redress. The new districts will be twice as large as they should be, and it will be impossible that in them the sick poor can be justly or fairly attended to! But there are "many reasons" why such unions in which the sick poor cannot receive proper medical attendance should exist!! Whatever these reasons may be—and Mr. GUTHRIE has left "Dear HOVELL" unenlightened on that head—we venture to assert that they will be anything but satisfactory to the medical profession and to the country.

Again; the order leaves a "grievance" unredressed, according to Mr. GUTHRIE; and that grievance is the only one, he ventures to think, "which *really and seriously interests* the medical man. That grievance is the absence of a principle, or the want of recognition by the Poor-law Commissioners of a principle, by which the remuneration of medical practitioners for their ordinary services shall be regulated." The omission is unquestionably important. Its consequences are subsequently thus described by the President of the College:—"The guardians form their estimate on no rule nor principle beyond their own good pleasure, and the situation of the apothecary [or surgeon], whose poverty but not his will often forces him to take a sum for his services, which *will not enable him to perform them;* THEY ARE THEREFORE NOT PERFORMED, AND *the poor have only the semblance of* MEDICAL ASSISTANCE, BUT NOT THE REALITY, in many parts of the kingdom; and they never will have it until a principle of remuneration for medical services shall be laid down and enforced by the Poor-law Commissioners." Here, then, we have another drawback on the "perfect satisfaction" of Mr. GUTHRIE.

The President volunteers the following explanation of the fundamental defect in the order of his friends, the Commissioners:—"The mischief has been done by the Boards of Guardians [at whose suggestion?], who have beaten down the doctors to such extent *by the tender system, and the introduction of new persons, frequently incompetent as medical men*, where the old ones have resisted, that the Poor-law Commissioners *do not like, it appears to me, to make them act on any principle which shall have the effect of* MATERIALLY *increasing the salaries* of the medical officers, although by so doing they will secure to the poor the *effective attendance of capable and humane practitioners.*" This is a curious admission, when we bear in mind the part which the Poor-law Commissioner had in the reduction of the medical salaries, and the fact that the remuneration is not now more than half what it was under the old law.

We do not intend to notice in detail Mr. GUTHRIE's crude notions on the mode of awarding the remuneration; but we should be inclined to give him and the London Council credit for a greater share in the concoction of parts of the new order than they are disposed to take. We refer to the qualification clauses. The diploma of the *London College of Surgeons* is to be required in all cases. This will virtually exclude all the members of the Dublin and Scotch Colleges of Surgeons from office under the Poor-law in England; for although the Commissioners consent to receive the diplomas of the Scotch and Irish Colleges, it is only upon a *special application* from the Guardians for the purpose. A man who is an M.D. of Glasgow, or Edinburgh, and a member of the Edinburgh College of Surgeons, cannot obtain an appointment unless he be also a licentiate either of the London College of Physicians or of the London Apothecaries'

Company. Mr. GUTHRIE has stolen a march upon his friends in the Scotch and Irish Colleges. On behalf of English practitioners, nevertheless, we can neither congratulate nor thank him. These tricks, which deprive qualified persons, whether they be English, Scotch, or Irish, of imprescriptible rights, are in every way despicable, and have no other effect than that of keeping up invidious distinctions between the members of one profession and the subjects of one empire. We repudiate the qualification clause altogether.

We should have been prepared to admit the utility of an examination in surgery—we admit it in its fullest extent. But, connected with the conduct of the Council of the College of Surgeons, there are circumstances which render the propriety of the order highly questionable; and there are circumstances connected with the economy of the profession which render it essentially unjust. It is well known that down to the present time the *twenty-one* men, with Mr. GUTHRIE at their head, called the Council of the London College of Surgeons, arrogate to themselves all the power, and appropriate all the property, of the members. They take twenty guineas from every man who applies for their diploma. Until lately their examination has been merely nominal: all they insisted on was, that the candidate should prove to their satisfaction, by certificates, that he had paid them previously, in their capacity of lecturers or hospital surgeons, exorbitant fees at the schools and hospitals. Admission, as a member, to the college was not like admission to any other society—admission to equal rights and privileges. The *twenty-one*, if they chose, could shut the doors of the college in the face of their eight thousand members. In some notorious instances they exercised their infamous powers. In all instances they have expended and put the money of the members in their pockets. They are irresponsible and unaccountable. Under these circumstances many gentlemen who had studied surgery felt it to be their duty to withhold the countenance of their names from the London College of Surgeons; for as the membership conferred no legal rights, and was not required by law, accession to the body was in some respects a voluntary recognition of the usurpation of the Council. Now, how will the order of the Poor-law Commissioners affect those gentlemen who may be surgeons and legally-qualified practitioners? It will prevent them from holding office under the Poor-law; and, acting retrospectively, will deprive them of a right to which they were before unquestionably entitled. "But," it will be replied, "they might yet become "members of the London Royal College of "Surgeons." No doubt: so may the members of the Scotch and Irish Colleges. *It is at this that the London Council is driving: they want more guineas.* We fear that Mr. GUTHRIE and his fellow-monopolists are incapable of any higher or better feeling.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, March 22, 1842.

Dr. WILLIAMS, President.

Cases of Perforation of the Stomach and Duodenum. By W. BAINBRIDGE, Esq., Upper Tooting.

THE author observes that as these cases are invariably fatal, they present no feature of practical interest, beyond the mere necessity of being acquainted with the circumstance of their occasional occurrence, so as to be able to distinguish the event, and give a correct prognosis.

Two cases are related of perforation of the stomach: the first occurred in a woman, aged 60, of spare habit, of sallow complexion, who, with the exception of vague symptoms of dyspepsia, felt pretty well until the evening of Sept. 26th, when after having eaten supper, she was seized with pain at the pit of the stomach, with fulness and oppression: these symptoms rapidly increased, attended with great anxiety, and enormous distention of the belly. Active purgatives by the mouth and turpentine glysters were administered; the tube of the stomach-pump was also introduced, to favour the escape of gas; but she sunk on the 29th, apparently exhausted by a violent diarrhœa.

On examination after death, the entire of the peritoneum was found intensely red, with deposits of lymph and pus gluing together the intestines. The left lobe of the liver adhered to the anterior wall of the stomach:

on separating this there appeared a small circular orifice in the centre of the stomach, through which oozed its contents. In the interior of the organ corresponding to this opening was a circular ulcer, with raised and indurated edges, surrounded with redness, but no softening of the membrane.

The second case was that of a healthy-looking girl, aged 18, who was seized with a sense of sickness shortly after eating a hearty breakfast. Decided symptoms of peritoneal inflammation shortly supervened, such as vomiting, hiccup, tension, tenderness and swelling of the abdomen; quick and thrilling pulse; cold and clammy perspiration: the vomiting continued incessantly until her death, which took place in twenty-four hours. It is stated for two or three weeks previous to this attack she had felt well, with the exception of a little pain at the epigastrium, and between the shoulders.

Examination after Death.—Effusion of serum into the peritoneal cavity; the intestines glued together by lymph and pus: a perforation of the size of a pea in the anterior wall of the stomach, interiorly, corresponding to this a round ulcer with hardened and elevated edge.

In the two cases of perforation of the duodenum, the symptoms came on almost immediately after having eaten a hearty meal: they were those of acute peritonitis. On examination after death, besides effusion of serum into the peritoneal cavity and deposits of lymph and pus, there was a rupture of the posterior part of the duodenum; in one instance to the extent of two, and in the other of three inches. The mucous membrane of this intestine was very soft, in one case a mere pulp. One of these patients had previously suffered only from vague symptoms of dyspepsia, and the other was in perfect health up to the period of the attack. The author observes that there must be a singular proneness in the upper portion of the anterior wall of the stomach to this kind of ulceration; for in these two cases, and others which he has read, as well as in six specimens examined at Guy's Hospital, the ulcer was situated in very nearly the same spot. With respect to the rupture of the duodenum, he refers to the work of Dr. Hodgkin on the Mucous Membranes, who states that the portion of the duodenum called the "valvular pylori" is peculiarly prone to disease, and often very lacerable. In six cases of malignant scarlet fever which he (the author) examined last year, he found this portion of the intestine intensely red, the remainder of the intestinal canal being healthy. The symptoms after perforation, the author states to be a severe pain at the epigastrium, or right hypochondrium, succeeded by the general symptoms of peritonitis; he, however, considers the extreme anxiety and distress of the patient's countenance as more pathognomonic of the occurrence, than the vomiting or state of the pulse.

Dr. Williams observed, that cases similar to those related were remarkable, from the slight inconvenience which the patients experienced from the disease previous to the completion of the perforation. The author had attributed this to the limited extent of the disease, but he, Dr. W., thought that it was to be explained by the fact, that mucous membranes were generally insensible, that they would bear a great extent of disease, and would continue to perform their functions until their texture was completely destroyed. He related the case of a boy who some years since was admitted into St. Thomas's Hospital, shortly after having drunk of some strong mineral acid in mistake for water. He suffered very much for three or four days, but the symptoms then subsided, and he was soon able to eat and drink as usual: he was, however, kept in the house for two months, in order that he might be watched. Three days after leaving the house, he died suddenly from perforation of the stomach. In this case it was probable that he had remained well until the slough caused by the inflammation, consequent upon the swallowing of the corrosive poison, had separated, and then the mischief ensued. With respect to the absence of marked symptoms in cases of disease of the duodenum, he believed that this was usually the case when this organ was affected. He then briefly alluded to two cases. In one, the patient, a young woman, was in perfect health, and was in the act of "putting up" her hair, when she felt something suddenly give way in her abdomen. Peritonitis supervened quickly, and in three days she died. There was rupture and softening of the stomach. In the second case the patient had suffered from attacks of vomiting for some months: most of the functions, however, were performed well, and the patient got fat. She died of peritonitis. The duodenum was found softened and ruptured. He believed that Dr. Elliotson had published some interesting cases of perforation of the stomach.

Dr. Elliotson had seen many cases of this injury, but had published only *one;* and this was for the purpose of showing the inaccuracy of a statement of Mr. Travers to the effect, that the pain in these cases never ceased. In the case in question the patient had suffered from dyspeptic symptoms, and suddenly was seized with those of perforation of the stomach. She died in two or three days: during the last twenty-four hours she was free from pain. In this case there was no extravasation of any kind into the peritoneum. He had seen other cases in which the peritonitis was the result of the injury, and not of extravasation.

Mr. Bransby Cooper observed, that no violent effects on the constitution were observed in the cases under discussion until the

mucous membrane was perforated. In surgery it was observed in diseases of the mucous membrane, that so long as it continued to perform its functions no serious results followed. When the power ceased, the constitutional symptoms set in.

Mr. Propert related the following case. A butler in a gentleman's family in Portland-place, fifty-four years of age, and generally in good health, feeling poorly, applied to Mr. Propert for advice. Some remedies were given him, and among the rest an emetic: this he did not take. Some hours after, about ten at night, Mr. P. was requested to see this patient immediately. He found him rolling on the floor in great agony; his pulse was 120, small, and contracted; he had vomited up a slimy substance, but no portion of a supper which he had taken shortly before. Opium and calomel were administered pretty freely. Towards morning he was affected with cold perspirations: these, however, left him shortly after. The bowels could not be moved. He (Mr. P.) took blood, although he scarcely felt himself justified in so doing. The man died twenty hours after. On examination an ulcer, with edges a quarter of an inch in thickness, was found in the small curvature of the stomach. Close to the side of the ulcer was a plug as "hard as a brickbat, and as black as a mourning coat," which was formed of the omentum, and had completely corked up the hole. This plug had been removed by some cause, and the fatal effects had followed. He had no doubt but the disease had existed for years. Mr. Propert also briefly narrated the case of a young woman in good health, who, after eating a hearty supper, was suddenly seized with symptoms of peritonitis, and died in a few hours. There was a perforation of the stomach.

Mr. Lloyd alluded to a case in which a patient suffered under symptoms of stomach disease for some time: no remedies were of avail. About a week before death, a fluctuating tumour suddenly appeared in the epigastric region. On examination after death the stomach was found much diseased, and adherent to the anterior wall of the abdomen. The swelling had been formed by an abscess, which had free communication with the stomach, so that its contents passed in and out of this viscus. The patient had been a free liver. He then briefly related two cases of peritonitis terminating fatally; the one from the rupture of an abscess in the appendix vermiformis, the nucleus being a small calculus; the other from ulceration of the ileum, the contents of the bowel escaping into the peritoneal cavity. He had seen a fatal case of peritonitis resulting from perforation of the colon in the attempted passage of an instrument into the bowel.

Mr. Curling said, that Mr. Bainbridge's paper referred to many points of interest. The two cases of ulceration and rupture of the duodenum detailed by the author, differed from any which he had seen or heard of. Dr. Hodgkin had remarked that this portion of the alimentary canal was liable to disease, but more exempt than other parts from ulceration. As an example of the sympathy existing between the skin and mucous membrane of the alimentary canal, he mentioned some cases of scarlatina, in which in some there was intense redness, in others ulceration, and even perforation of this portion of the bowels.

Dr. Addison remarked, that in cases of perforation of the stomach, there were usually no marked premonitory symptoms, and often no inconvenience until shortly before death. The softening, in addition to the ulceration, was a proof that the disease had existed a long time. He had seen cases in which the edges of the ulcer were an inch in thickness. The ulcer was usually in the shape of a cone, the apex being towards the peritoneum, the base towards the stomach; and even in these cases there had been no previous symptoms of disease. The majority of the cases of perforation of the stomach he had seen, had occurred in young females. In young women liable to errors in menstruation, the stomach was often the seat of much irritation; there might be some connection between the constitutional condition and the local disease. How could the fact of this kind of ulcer almost always affecting one particular part of the stomach be explained? He referred the absence of hæmorrhage in these cases to a deposit of albuminous matter consequent upon the inflammation closing up the vessels.

Mr. Paget remarked that hæmorrhage was not a common symptom in chronic cases of ulceration of the stomach. Cruveilhier had, however, related a case in which the ulcer had involved the splenic artery; and there was a preparation in the college in which two small vessels of the stomach had become implicated in the disease, and another in which some large veins had become ulcerated. Other cases were also reported. These ulcers had a peculiar appearance, the hole looking as though it had been punched out. He had seen five cases of this affection in St. Bartholomew's Hospital; and there were six preparations exhibiting this ulceration in various stages in the museum of the college. In the five cases admitted into the hospital the patients had been previously in good health; and in two cases the symptoms had supervened so suddenly, that the presence of poison was suspected. He had seen three cases of ulceration of the duodenum; in one the affection seemed to be the result of an extensive burn. In one of these cases a man was admitted into the hospital with a hernia, which was supposed to be strangulated. There were the usual symptoms of this condition, but more collapse than was usually observed in strangulated hernia. The intestine was readily returned into the ab-

domen, under a slight application of the taxis. Signs of peritonitis, however, continued, and remained unrelieved. The man died. On examination after death it was discovered that he had suffered from chronic ulceration of the duodenum, and that from the descent of the hernia the ulcerated part had been ruptured.

Dr. KINGSTON related the case of a gentleman in excellent health who was suddenly seized with symptoms of peritonitis, and died. After death a perforation of the duodenum was discovered, about one-third of an inch in diameter.

Dr. ELLIOTSON had observed in almost all the cases of perforation of the stomach which had come under his care, that the patients were young women. In the case published in the society's "Transactions" by him, the patient was a female, about thirty years of age. In none of these cases did the ulceration occur without the presence of symptoms; in some these assumed the characters of chronic gastritis, and in others those of mere dyspepsia: in none did he suspect the presence of ulceration. He thought before post-mortem examination in these cases of perforation, it was impossible to say whether the duodenum or stomach was the seat of the mischief.

Mr. PAGET observed, that of the five cases he had seen, four were *not* young women. In the statistics of seventy-five or seventy-six cases of perforation of the stomach formed by a physician in Vienna, the majority had occurred in young women between twenty and thirty years of age. There was not so much difference, however, in the numbers of the sexes as might be imagined.

Mr. SYME related the case of a young woman subject to occasional attacks of gastrodynia, and who, three weeks after recovery from an attack of anemia, became suddenly seized with symptoms of peritonitis, of which she died. After death, an ulceration of the stomach with thickened edges was discovered.

Mr. CÆSAR HAWKINS had seen a preparation in which there were marks of cicatrisation of an ulcer in the stomach having occurred.

Mr. BAINBRIDGE stated that Dr. Hodgkin had several preparations in which it was evident that an ulcer of the stomach had become cicatrised. After referring to some points in the debate, the society was adjourned until the 12th of April.

MEDICAL SOCIETY OF LONDON.

Monday, March 28, 1842.

Mr. PILCHER, President.

AFTER a few remarks from one or two members in reference to the discussion last week on gonorrhœa, Mr. Dendy read a paper* entitled "Observations on a Case of Sympathetic Pruritus."

Mr. PROCTOR observed, that pregnancy was frequently accompanied with cutaneous diseases. Obstinate derangement of the stomach and liver very often supervened on the occurrence of impregnation: pregnancy was often accompanied by a general febrile condition of the system. To relieve this condition, it had formerly been the practice to abstract small quantities of blood, but unless there were inflammation or congestion, he thought this proceeding was not resorted to with propriety. There was a marked sympathy between the pregnant womb and the kidney, and the nervous system was liable to much derangement during gestation.

Dr. BENNETT considered that Mr. Dendy's case was one of nettle-rash, accompanying which affection there was frequently an irritable condition of the nervous system; pregnancy and mental excitement were frequent causes of the affection. Some cases required depletion at the commencement, but in almost all of them a tonic plan of treatment was indicated. Sulphuric acid in combination with a bitter infusion, was one of the best tonics in these cases.

Mr. LINNECAR thought that in Mr. Dendy's case the pregnancy was the cause of the irritation of the skin. In the pruritus occasioned by opium, the skin-disease was usually preceded by sleep.

Mr. ROBARTS remarked, that although in this country there existed a prejudice against the warm-bath in pregnancy, in Italy women in this state often used it with a view of facilitating labour. He related a case of prurigo of an obstinate kind in an old woman.

Dr. CLUTTERBUCK said, that prurigo was often a very distressing disease among women, particularly at night; sulphuric acid was often employed usefully, and the warm-bath afforded relief. In one case of prurigo in the arm of a young lady the application of olive-oil had given relief. The suffering in this case had been extreme, and many remedies had been employed without benefit.

Dr. BENNETT remarked, that olive-oil abated the itching produced by cowhage more effectually than any other application.

Mr. DIAMOND had used tobacco-water in a case of itching of the ankle with complete relief.

Dr. CHOWNE had seen cases of pruritus dependent on spinal irritation: prurigo of the private parts in females was usually very obstinate, and resisted the ordinary means of treatment. He thought that the disorder of the stomach and bowels which attended pregnancy was more frequently the cause of skin-diseases than the utero-gestation itself.

* We propose to publish this paper in an early Number of THE LANCET.—ED. L.

WESTMINSTER MEDICAL SOCIETY.

Saturday, April 2, 1842.

Mr. H. J. Johnson, President.

TUMOUR IN THE NECK.—NEW EXPLORING INSTRUMENT.

Dr. Golding Bird showed to the society a child, three years of age, having a tumour on the right side of its neck, about two inches in its largest diameter, and situated over the posterior edge of the sterno-mastoid muscle; by careful manipulation the tumour could be felt to fluctuate. Dr. Bird said, that the tumour first commenced about a year ago, immediately after the child had had a fall. He first saw the child a few weeks ago, the tumour was then about the size of an orange, and very firm; it was difficult to say whether fluctuation could be felt, or only an elasticity peculiar to fibrous tumours. Some medical men who saw the tumour thought it might be a serous cyst having communication with the cranium or spinal canal, whilst others thought it of a malignant nature; but the very healthy aspect of the child contradicted the latter idea. As a tentative measure a grooved needle, or rather an improvement on that instrument to which he should allude, was introduced, and a quantity of serum escaped, showing the tumour to have been a serous cyst, and the firmness to have depended on the tenseness of the cyst. The fluid again collected, but had not yet increased to the former amount; a seton had been introduced, but it caused very little of the fluid to escape, and it gave rise to so much inflammation that it was necessary to withdraw it at the end of three days. Dr. Bird then laid before the society an instrument invented by Dr. Babington as preferable to the grooved needle; it was a very small trocar and canula, which, together, were not thicker than an ordinary grooved needle, and a probe which would pass through the canula. He (Dr. Bird) had often used the grooved needle to diagnosticate empyema, and had found at different times that no fluid escaped by it when the chest contained plenty, as was afterwards proved by operation; this arose from the tissues filling up the groove of the needle, an event the trocar would obviate. Empyema was never a true effusion of pus, but only of a puriform-looking liquid; and the grooved needle often separated the serum from the small concretions of albumen, and caused an empyema to be thought a simple serous effusion, but the small canula would be more likely to show the true nature of the effusion. Moreover, the grooved needle might cause a little serum to ooze from the cellular tissue of any part of the body, more especially if there were any inclination to œdema, and would thus lead to a false conclusion; but such a minute escape of serum by the canula would not mislead in that way. He related a case in which there was every physical sign that could lead to the conclusion that there was effusion into one side of the thorax. This little trocar was introduced, but no fluid escaped; and on passing the probe through the canula, the lung could be felt distinctly; no ill effect followed this tentative measure, and the case turned out to be one of rapid softening of the lung after tubercular deposit. Dr. Babington had used the instrument to diagnosticate an obscure tumour filling the right hypochondrium and flank; a thick, dirty fluid escaped, and the probe could be passed to any extent without meeting with resistance, showing that the tumour contained some viscous fluid: no ill effects followed this measure, and when the patient died the tumour was found to consist of an enormously distended gall-bladder.

Mr. Snow said, that he was called a few weeks ago to see a child, three weeks old, which had received a push on the head, by which the face was twisted towards the left shoulder. He found a hard tumour about the size of an almond in the sterno-mastoid muscle of the right side, about one-third along its course from the sternum; pressure on the part caused pain, and the child kept its face turned towards the affected side to avoid putting the muscle on the stretch. The swelling had nearly disappeared under poulticing and other simple treatment, and the child then moved its head freely in all directions. He thought an effusion of blood from a partial rupture of this muscle might in some cases serve as the origin of a morbid growth, and had therefore related the case.

Mr. W. T. Elliott said, that the tumour in Dr. Bird's case would feel firmer from the fact of its being covered by the platysma myoides.

Mr. Streeter said, that the diagnosis between all encysted tumours and those of a fibrous nature was difficult. He considered that the exploring needle, but more especially the small trocar now before the society, was an instrument of great importance, and should be tried in all cases admitting of the least doubt; it might be safely tried even in aneurism, and would have been of great service in a late case which had excited much interest. He had himself once seen the lancet plunged into an aneurism at the knee, after a consultation between two hospital surgeons; and in another case which turned out to be abscess the surgeons were so uncertain, that all the means for taking up the artery were in readiness in case it should be found to be aneurism on being opened.

Dr. J. B. Thompson said, he had seen one such case as that before the society in the Dublin City Hospital. There was a small bursa at the posterior edge of the sterno-cleido mastoideus, and when this was in-

jured in early youth, it might give rise to a fibrous encysted tumour.

In answer to a question from the president, Dr. Bird stated that the tumour had been reported not to be translucent after an examination to decide that question. He thought, however, that by turning the head in a favourable position, pinching up the tumour, and at the same time carefully excluding all extraneous rays of light from the eye, it would have been possible to have discovered some transparency.

The PRESIDENT said, that Dr. O'Byrne had published a paper in the "Dublin Journal of Medical Science" on Hydrocele of the Neck; and if he recollected rightly, the cases there related were similar to that before the society, and were successfully treated by seton. He had seen two cases resembling this in St. George's Hospital, in one of which the tumour was cut out, cyst and all. He thought the passing of setons through these encysted fumours was not without danger, especially when they were situated beneath fascia, as in these cases. He had seen two cases of encysted tumour over the lower part of the scapula; one was treated by seton, the other by incision; they were both fatal from diffuse inflammation, pus being formed, and secondary deposits of it taking place. Injecting the sac he thought likewise objectionable, as that might give rise to diffuse inflammation, and pent-up matter. On the whole he thought incision the best remedy; it might give rise to inflammation, but there could be no pent-up matter. Dissecting out the sac was an extreme measure, only to be resorted to after other means had failed.

Mr. CHANCE said, he had met with a fluctuating tumour at the posterior part of the elbow-joint. He opened it with a lancet, and found it to be a serous cyst; it refilled; but after opening it a second time the fluid had not again collected.

RELIEF SOCIETY
FOR THE
WIDOWS AND ORPHANS OF MEDICAL MEN.

A HALF-YEARLY general court of the members of this society was held on Wednesday last at the Gray's-Inn Coffee-house; Sir Charles M. Clarke, Bart., vice-president, in the chair. It appeared from the auditor's report that the sum of 632*l.* had been granted for the past half year to thirty-one widows and fourteen children of deceased members, and that 100*l.* had been funded.

Certain resolutions of former courts, regulating the amount of subscriptions by the age of members, were finally confirmed; and other resolutions for enrolling the society agreeably to the Acts of Parliament for the Regulation of Friendly Societies, were, after some discussion, carried unanimously. By this proceeding the society will obtain the privilege of arbitration in cases of dispute, and of investing its funds, amounting to more than 42,000*l.* stock, with the Commissioners for the Reduction of the National Debt.

THE INCOME-TAX,
IN ITS SPECIAL REFERENCE TO THE
MEDICAL PROFESSION.

To the Editor of THE LANCET.

SIR,—I think the proposed income-tax should be considered with a more especial reference to the medical profession than is done in two recent leading articles in THE LANCET, and I beg the favour of you to give the following brief observations a place in an early number of that useful publication.

In the first place, the value of a medical income is not, as is, indeed, admitted in the articles to which I have alluded, a *life value:* for life may be continued many years after professional exertion has been rendered impossible by an attack of paralysis, by disease of the heart, and by some one of the many other "ills that flesh is heir to." The value of a professional income ought not, therefore, to be estimated according to the probable duration of life, but according to the probable duration of health and activity. It is a *health value* that should be estimated. Nor is this all; for, in the second place, we must remember that there may be the *loss of practice*, especially towards the close of life, from competition, from professional misfortune, from accident, from illness, &c. &c. I have known such *temporary* interruption to professional exertion lead to irreparable injury.

It is said that the tax is to be laid upon the income of the past year. Who shall assure us that the same good fortune, the same absence of misfortune, shall attend the next?

In the third place, and in an especial manner, I would observe that the proposed tax bears, in one respect, incomparably harder on the *medical* than on any other *profession*. The solicitor takes his chambers, and may live as economically as he pleases; but the medical practitioner *must* occupy a good house, *must* keep a carriage, &c. &c. In how many cases, then, will a medical man be found to be in the receipt of an *apparently* considerable income, whilst that income may, nevertheless, be far short of his expenditure, when this is reduced to its lowest extent by the strictest vigilance and economy?

Our legislators are misled by a *word*. The term *income* may appear to mean the same thing, when, in fact, it means very different

things; but this fact has been sufficiently pointed out in your pages. *My* object is only to add another argument or two to those already given, to prove the utter *injustice* of an *unmodified* income-tax. I am, Sir, your obedient servant,

CENSOR.

London, April 4, 1842.

P. S.—The following extract from the preface to the list of members of the Society for Relief of Widows and Orphans of Medical Men, established in 1788, may not be an inapt postscript to the preceding remarks:—

"Those who look only upon the surface of society, and who hear of the large fortunes accumulated by a few successful medical practitioners, may think that the practice of the medical profession is at once the sure and ready road to independence and wealth; but the *appalling fact*, already stated, that ONE IN FOUR of the members of this society has left a widow or orphans claimants on its funds, sufficiently disproves this opinion. The public generally seem to have no knowledge of the difficulties, and consequently no sympathy for the struggles of men who, bred with the notions and feelings of gentlemen, educated at a great expense, and obliged at all hazards to keep up an appearance of respectability, are compelled to wait quietly and silently for that employment which they either may not obtain at all, or too late in life to afford them the opportunity of providing for their families."—Pp. 10, 11.

MEDICAL OFFICERS OF UNIONS.

To the Editor of THE LANCET.

SIR,—The regulations which have just been promulgated by the poor-law authorities, in regard to the necessary qualifications of the medical officers of the unions, have sadly perplexed me; and the plan, if acted upon, must be a monstrous injustice to those gentlemen who were in practice prior to 1815, but who do not possess the college diploma. It is well known that, at that period, the majority of the candidates for examination at the college were destined for the public service, to whom the diploma was indispensable; but those gentlemen, who merely contemplated country practice, did not think the possession of the diploma necessary, and were glad to avoid the expense. Now, I ask, is it fair that gentlemen, who have been as well educated as their brethren, who were in practice prior to the Apothecaries' Act, who by that Act were made duly qualified, and who have had thirty years' experience, should be disqualified from holding appointments under the poor-law measure? Supposing I had been attached to an union, from its first introduction, as the medical officer, and still holding the same appointment, am I, by these new regulations, to be deemed unfit to administer to the wants of the poor, *now* committed to my charge? The effect of this would be to me cruelly unjust. If I were considered disqualified from holding an appointment having charge of the poor, how could I expect to retain the confidence of my better class of patients? In all probability I should find myself, after a harassing and laborious practice of thirty years' duration, penniless and friendless, though, perhaps, much more entitled to public and private support, than those self-sufficient gentlemen of the present school, who never omit to tack to their names their badges of distinction.

ONE OF THE OLD SCHOOL.

April 4, 1842.

MEDICAL OFFICERS OF UNIONS.

To the Editor of THE LANCET.

SIR,—In the late regulations of the poor-law commissioners, as regards the qualification of union medical officers, it is deemed requisite that they should possess the diploma of the College of Surgeons, *London*, together with a degree of an university in *England*, alias licence of the College of Physicians, *London*, alias certificate of Apothecaries' Hall, *London*.

Now, Sir, as a member of the College of Surgeons of Edinburgh, and possessing at the same time the medical degree of that university, and though a perfectly disinterested person, in as much as having practised for some years as a physician, I have not the remotest idea of undertaking the duties of an union surgeon, I would ask, Is it fair or just that after going to the expense of a medical education in one of the first universities in the kingdom, which professes to qualify its members to practise medicine in any part of the country, excepting London and its vicinity, and which does qualify for her Majesty's army, navy, and the East India service; aye, and the practice of provincial hospitals; is it fair or just, I say, that these same qualifications should not render me eligible for the appointment of surgeon to a poor-law union, which has hitherto been held in many cases by mere apothecaries, possessing, for aught we know, neither medical nor surgical knowledge?

But such, Mr. Editor, seems to be the spirit of the late regulations. And is this to be tamely submitted to? Is this carrying out the principle you advocate, professional equalisation? Can there be a more striking proof of the spirit of monopoly that still reigns in the medical schools in London? (for I cannot but suppose that through them the poor-law commissioners have been in some measure actuated,) though Mr. Guthrie acquits himself of "having had anything to do with the qualification part of the order."

Of the injustice of this measure I need say no more, as it must be as clear as noon-day to every candid, honest, and impartial mind; and I feel satisfied that the subject need merely be brought to the notice of the Secretary of State for the Home Department, to ensure his serious consideration, and an amendment of the poor-law commissioners' regulations as odious as they are illiberal. A few observations from you, Mr. Editor, on this subject would, I am sure, be acceptable to many, and would much oblige, your most obedient servant,

A Subscriber.

Bath, March 30, 1842.

ROYAL COLLEGE OF SURGEONS IN LONDON.

List of gentlemen admitted members on Friday, April 1, 1842:—Joseph Thomas Fletcher; Arthur Gillot; Michael Allen Jane; Francis Southam; William Row; William Mitchelmore; John Pegge; William Pocock; Michael Hudson; Peter Montague Pope; James Dunn; Arthur James Cumming.

BOOKS RECEIVED.

A Practical Treatise on Venereal Diseases, or Critical and Experimental Researches on Inoculation applied to the Study of these Affections, &c. By Ph. Ricord, M. D. Translated by Henry Pilkington Drummond, M. D. London: Longmans, 1842. 8vo. Pp. 384.

The Hunterian Oration delivered at the Royal College of Surgeons in London in 1842. By G. G. Babington. London: Churchill, 1842. Pamphlet, pp. 32.

TO CORRESPONDENTS.

No attention can be paid to anonymous letters from the person who says that he was lately an inmate of Bethlem Hospital. All statements of fact must be authenticated with names, addresses, and in this case with references.

The case to which the communication of *Mr. W. C. Anderson* relates, had excited our attention. His letter shall appear next week.

One of the Proscribed has been deceived. Neither the alleged remarks, nor any of the same purport, were made by Lord G. Somerset in the House of Commons.

T. P.—They certainly would "partake of the advantages." As for the "purchasers of the degrees," none of them, probably, become buyers with any erroneous impression as to the value of the diplomas.

The communications of *Mr. Verral, Dr. Clay, A Physician to a County Lunatic Asylum,* and *Truth and Justice,* next week.

Mr. Berdoe's communication could only appear on the cover, as an advertisement.

M.R.C.S.L.—We have already published some communications of equal force on the same subject.

Mr. Farren.—It is not usual to copy editorial arguments into this work from other journals. The article is ingeniously framed, and rests on the basis of common sense.

We are obliged to *M. R. C. S. L.* for taking the trouble to copy the circular, but we expect that as much good has been done by it in the quarters whereto it has already been sent, as could be accomplished by its appearance in print.

The communications of *Mr. Buchanan* and *A. B. C.* (Edinburgh) have been received.

A correspondent writes as follows, for the information of Lord Fitzharding and Dr. Fosbroke. He says, that "Mr. G. E. Carruthers, of Mile-end, holds the appointment of surgeon to the second regiment of the Tower Hamlets' militia, and is not a member of any College of Surgeons."

A correspondent complains, "that for the last few months a copy of the 'Pharmacopœia Londinensis' has not been able to be procured at any price."

Mr. Munro (Inverness).—The Act will not expire by virtue of any clause which itself contains. It can be repealed only by a new Act.

A Constant Reader.—The extract exhibits qualities of a mind which it would degrade a respectable journal to stoop to notice. The writer is below criticism.

Anti-humbug.—The advertisements are equally disgusting. The fact that the name of a man is in the list of the college, renders him none the less a quack.

A Subscriber should address his inquiries to the secretary of the Royal Institution, the required information not being before us.

R. T. C.—We shall not afford the quacks the notice that they desire.

A Hater of, &c.—As a plan on the subject is already under consideration, the letter need not be published.

Mr. G. A. Walker has had presented a petition to the House of Commons, recently, praying "that a committee of the house may be appointed, or such other means employed as the house may deem necessary, for the purpose of instituting a searching inquiry into the condition of the burial-places of the United Kingdom, the petitioner believing that such evidence would be elicited before it as would convince the house of the necessity of a revision or an abrogation of the existing laws relative to burial, or of the total and absolute prohibition of the interment of the dead in the midst of the living."

Communications have been received from *Dr. Scratchley; Mr. Earles; Dr. Mackness; Mr. Higgins; Mr. Obré; Mr. Bower,* and *Mr. Gibson.*

A TABLE OF MORTALITY FOR THE METROPOLIS.

Showing the No. of Deaths from all Causes, Registered in the 5 Weeks, ending Saturday, March 19, 1842.

Causes of Death.	Feb. 13 to 19	Feb. 20 to 26	March 27 to M. 5	March 6 to 12	March 13 to 19	Weekly Av. 1838-41, (corrected).
Small-Pox	5	5	4	1	3	32
Measles	31	26	19	16	17	23
Scarlatina	4	11	7	12	6	32
Hooping-Cough	55	46	54	49	39	31
Croup	10	14	9	18	12	7
Thrush	2	4	5	3	3	5
Diarrhœa	4	6	7	7	6	8
Dysentery	....	1	3	....	3	2
Cholera	....	....	....	....	....	1
Influenza	4	4	4	2	....	2
Typhus	22	17	23	26	23	40
Erysipelas	6	3	6	1	1	6
Syphilis	1	1	....	....	1	.5
Hydrophobia	....	....	....	....	1	.1
TOTAL	144	138	141	135	115	100
Cephalitis	15	13	7	9	7	11
Hydrocephalus	37	33	40	25	26	34
Apoplexy	14	12	20	20	12	17
Paralysis	13	14	16	22	21	15
Convulsions	41	54	61	46	43	59
Epilepsy	1	4	3	4	10	4
Insanity	2	1	....	....	2	1
Delirium Tremens	....	2	....	....	1	1
Dis. of Brain, &c.	8	5	11	8	7	7
TOTAL	131	138	158	134	129	149
Quinsey	2	1	1	....	1	1
Bronchitis	25	14	18	11	18	10
Pleurisy	....	1	1	2	1	2
Pneumonia	94	104	102	85	85	72
Hydrothorax	1	7	9	5	6	5
Asthma	44	42	43	33	22	25
Consumption	115	140	134	149	118	141
Dis. of Lungs, &c.	15	18	20	17	18	12
TOTAL	296	327	328	303	269	268
Pericarditis	2	1	2	....	1	.6
Aneurism	....	2	1	....	....	.6
Dis. of Heart, &c.	30	17	16	18	18	17
TOTAL	32	20	19	18	19	18
Teething	17	25	21	20	14	17
Gastri.—Enteritis	16	17	16	15	16	18
Peritonitis	....	....	1	....	1	1
Tabes Mesenterica	8	3	7	6	4	4
Ascites	....	1	....	2	....	.5
Ulceration	....	....	3	3	2	1
Hernia	3	2	2	2	4	2
Colic or Ileus	3	4	2	1	2	2
Dis. of Stomach	6	2	7	3	4	5
Hepatitis	....	....	....	....	1	1
Jaundice	2	3	1	3	3	2
Dis. of Liver, &c.	9	14	5	10	9	8
TOTAL	64	71	65	65	60	61
Nephritis	....	....	1	....	1	.4
Diabetes	1	....	....	....	1	.3
Stone	....	....	....	....	1	.4
Stricture	1	....	....	....	1	.3
Dis. Kidneys, &c.	4	4	4	7	1	2
TOTAL	6	4	5	7	5	4

Causes of Death.	Feb. 13 to 19	Feb. 20 to 26	March 27 to M. 5	March 6 to 12	March 13 to 19	Weekly Av. 1838-41, (corrected).
Childbed	6	7	4	5	6	7
Ovarian Dropsy	....	1	....	1	....	.3
Dis. of Uterus, &c.	2	4	2	2	1	2
TOTAL	8	12	6	8	7	10
Rheumatism	2	3	2	2	3	3
Dis. of Joints, &c.	2	6	4	5	2	3
TOTAL	4	9	6	7	5	6
Ulcer	1	....	3	1	....	.4
Fistula	....	1	....	....	....	.3
Dis. of Skin, &c.	....	1	....	1	....	.3
TOTAL	1	2	3	2	....	1
Inflammation	4	8	5	5	4	10
Hæmorrhage	3	1	1	3	3	3
Dropsy	32	40	48	34	43	34
Abscess	2	1	5	2	6	4
Mortification	7	4	1	6	4	4
Scrofula	4	4	2	4	....	2
Carcinoma	5	8	8	6	4	7
Tumour	....	4	1	2	1	2
Gout	1	1	1	1	2	1
Atrophy	8	8	8	6	6	5
Debility	23	36	22	17	20	17
Malformations	....	....	2	2	1	1
Sudden Deaths	19	17	22	12	12	14
TOTAL	108	132	126	100	106	104
Old Age	88	64	67	69	51	69
Intemperance	....	1	....	....	....	.6
Privation	1	2	....	2	....	.5
Violent Deaths	21	18	31	35	21	24
TOTAL	22	21	31	37	24	25
Causes not Spec.	3	4	2	3	2	7
Deaths, all Causes	997	942	957	890	792	912
No. of Week	7	8	9	10	11	....

1841—42.	Ages. 0 to 15	15 to 60	60 & upwards
Feb. 13th to 19th	404	277	224
20th to 26th	439	299	203
27th to March 5th	445	307	204
March 6th to 12th	385	306	196
13th to 19th	354	261	177
Weekly Average, 1838—41	433	312	165

TEMPERATURE	High.	Low.	D. Mean.
Week ending Feb. 19	53°	33°	45°
,, 26	50	35	42
,, March 5	56	35	45
,, 12	55	39	46
,, 19	56	39	49

	Enumerated Pop. 1841.	Feb. 13 to 19.	Feb. 20 to 26.	Feb. 27 to March 5.	March 6 to 12.	March 13 to 19.	Weekly Av 1838-41
West Districts	300,705	143	147	141	114	135	135
North Districts	365,000	175	190	189	185	145	162
Central Districts	373,800	168	164	179	203	158	188
East Districts	392,496	192	217	199	173	169	200
South Districts	438,000	229	217	249	215	185	221
	1,870,727	907	942	957	890	792	912